

Orientation Guide 1984

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Preface

The Public Health Service Commissioned Officers Orientation Guide has been revised to provide up-to-date information. There are three objectives for this guide:

1. To provide new officers and their dependents with an overview of the personnel system.
2. To provide career officers with up-dated information covering the significant statutory, regulatory, and policy changes affecting the commissioned corps.
3. To provide PHS management with a basic document upon which more personalized career and programmatic orientation can be built.

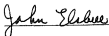
The design of the Guide has incorporated those topics which we believe are absolutely essential to the functioning of an officer who is recently commissioned, but neither the topics nor the content is exhaustive. For more detailed information the reader should refer to an official copy of the Commissioned Corps Personnel Manual (CCPM) which is maintained by approximately 750 administrative offices throughout PHS and the principal agencies to which commissioned officers are assigned. From time to time we also distribute CCPM instructions which might be of immediate interest to officers in the entire active-duty commissioned corps. If you have constructive comments that would help us make this Guide more useful to you, please submit them to us in writing.

If any information in this Guide is in conflict with the Commissioned Corps Personnel Manual, the Joint Travel Regulations of the Uniformed Services, or any other Federal law or regulation, the latter shall be the controlling authority.

This Guide will be revised periodically to reflect changes in policies, organizations, and missions. New editions will be sent to PHS managers, supervisors, and commissioned officers on active duty at the time.

2/13/84

Date



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Mission

The mission of the U.S. Public Health Service (PHS) is the improvement and advancement of the health of all citizens. To accomplish this mission, PHS programs are designed to:

- Develop knowledge through biomedical, behavioral, and health services research leading to the prevention and treatment of disease.
- Control and prevent disease;
- Improve the health care systems, including development of creative techniques in medical methodology;
- Improve the mental health of the Nation;
- Assure safe and effective drugs and healthful foods, and
- Expand health resources.

The shaping of manpower, medical knowledge, technology, and other resources toward the goal of better health for all represents the PHS challenge.

A Proud History

The Developing Nation. Since its origin in 1798, PHS has been making important contributions to the health of the Nation. During its early years, our Nation—little more than a strip of settlements along the Atlantic Coast—had not yet grouped any forces to fight against disease. . . . to protect itself against this invisible killer. But it was to learn. . . .

The young Nation depended—to a large degree—upon the sea for both trade and protection. To encourage expansion of the existing, small merchant marine—and to protect ill and injured seamen—the 5th Congress enacted legislation to establish a Marine Hospital Service under the Treasury Department. For health care, the seamen were to contribute 20 cents a month to finance the hospitals. The first temporary hospital was started in rehabilitated barracks on Castle Island in Boston Harbor in 1799.

In 1801 the Service bought a hospital at Ferry Point (Norfolk), Virginia, and in 1804 completed construction of its first permanent hospital at Charlestown, Boston Harbor.

In 1807, Dr. Benjamin Waterhouse, "Professor of the Theory and Practice of Physics at Harvard," was appointed physician in charge of the Charlestown Hospital. He proposed to make it "answer the purpose of medi-

cal instruction" as well as "healing and comforting the sick and wounded." During his tenure the Charlestown hospital was used to introduce the active practice of medicine to the medical students at Harvard and so became one of the first teaching hospitals in the United States.

Westward Ho. During this pioneering era, the frontier pushed westward. . . . across the mountains. . . . over the plains. . . . up and down rivers. The young Nation faced new and difficult problems on the health front. The westward migration—as well as expanding immigration from foreign countries—brought yellow fever, smallpox, and cholera. These epidemics spread suffering, panic, and death.

Typical of the people's helplessness and terror is the story of the towboat, John D. Porter. While the yellow fever epidemic was gathering force in New Orleans, the John D. Porter put out from that port with a string of barges bound for Pittsburgh. She had passed Vicksburg when she put back to bury her engineer and fireman and take on a substitute engineer. He lasted until the boat neared Cairo, Illinois. . . . when he left and made his way home to die. By Cincinnati, there had been four more deaths and the boat was hoarded by two physicians of the Marine Hospital Service, who stayed on to care for the sick. The John D. Porter moved on up the river, but near Gallipolis, Ohio, members of the terrified and ailing crew refused to go any further. Meanwhile, on shore, the villagers had lined up to guard their town from the pest ship, but crew members forced their way past them and into the village. Thirty-one local citizens caught the fever and died. When the Porter finally reached her destination, 23 men had died on board and she had carried death 1,000 miles up the river.

Nearly 100 cities and villages suffered during the epidemic, and refugees crowded the trains to the North. Shades were drawn as trains rushed through towns without being allowed to stop, and local citizens stood by with shotguns to enforce their private quarantine. States and localities soon learned to call on the Marine Hospital Service for help in the emergency. The Service responded by setting up yellow fever detention camps and operating disinfecting stations to fumigate postal cars, boxes of mail, and passengers. A half-dozen Service officers died of the fever.

In the face of such recurring health crises, the Nation began to take steps to cope with these problems. The task was not easy. Often gains were made only in spite of minimal support. . . . skeptical public opinion. . . . and other

sometimes seemingly insurmountable obstacles.

Following the establishment of the hospitals on the East Coast, a chain of new hospitals began to follow the route of shipping and commerce...down to the mouth of the Mississippi...up inland waterways to St. Louis, Missouri, and Paducah, Kentucky. As seamen and pioneers reached the Pacific Ocean, a hospital was built in San Francisco.

In the War of 1812, the Marine Hospitals cared for wounded American seamen, as well as British prisoners.

During the Civil War, the hospitals provided medical care for both North and South.

1870-1916. During these decades, the Service began to shape up as a national health force. Outbreaks of smallpox in the North and yellow fever in the South—and an investigation of the Marine Hospital Service—led to a reorganization of the Service in 1870. A central administration was established, headed by the first Surgeon General, Doctor John N. Woodworth.

He reorganized the Service along military lines, provided for uniforms, established entrance examinations and put tenure and promotion on a merit basis free from politics. Gradually, he abandoned the employment of local physicians, replacing them with medical officers who were admitted only after examination and were subject to assignment wherever required.

By 1878, the Marine Hospital Service had begun to lose its identity as a relief organization only. Public health work was undertaken because of the prevalence of major diseases such as smallpox, yellow fever, cholera, typhus fever, and bubonic plague. To provide further protection, Congress, in 1878, enacted a national law to prevent the introduction of contagious and infectious diseases into the United States...later extending it to prevent spread of disease among the States. In this law were the seeds of the modern health program—preventive medicine.

In 1889, Congress officially established the commissioned corps along military lines, with titles and pay corresponding to Army and Navy grades.

In attempting to treat contagious disease, it was natural that research should become a significant part of the work of the Service. As a result, a bacteriological laboratory was established in the Staten Island Marine Hospital in 1887...and moved to Washington in 1891 to form the Hygienic Laboratory—forerunner of the National Institute of Health. A biologics control Act, passed in 1902, authorized regulation of the sale of vaccines, serums, and similar biologic products in interstate commerce. At the

turn of the century other developments included a tuberculosis sanatorium at Ft. Stanton, New Mexico...Hansen's Disease in Hawaii led to the establishment of a hospital and laboratory there in 1909...and later the national home for individuals with Hansen's Disease at the National Hansen's Disease Center in Carville, Louisiana...

The face of the land and the nature of its society were changing, and the concept of public health was changing with them. Within a few years after the turn of the century, the Nation began its rapid evolution from a rural to an urban civilization. Questions of water supply and pollution, sanitation, and hygiene grew more important as people crowded together in the cities.

The Service began to see public health as the study of people in their relationship to each other and their environment - the place they lived - the home, the neighborhood, the city - the place they worked - then water - their food - then air - their sanitary facilities - in short, the total environment of man.

In 1912, Congress enacted legislation to reorganize the Service and enlarge its powers. The law retitled the Public Health Service. The Act also granted the Service authority for pursuing studies of the "diseases of man and conditions affecting the propagation and spread thereof, including (for the first time) sanitation and sewage and the pollution either directly or indirectly of...navigable streams and lakes." In 1916, Congress appropriated funds for studies in rural sanitation...formally establishing cooperation between the States and the Public Health Service.

1917-1944. The outbreak of WWI imposed new demands upon the Service. The responsibilities involved medical and surgical aid to sick, wounded, or disabled soldiers or sailors...supervising health conditions around military camps and war plants...draining malarial swamps...disseminating health information...laboratory operations including research and manufacture of serums and vaccines...controlling venereal disease...care of veterans...

By Executive Order, President Woodrow Wilson ordered that...

"the Public Health Service shall constitute a part of the military forces of the United States...the Secretary of the Treasury may upon request of the Secretary of War or the Secretary of the Navy detail officers or employees of said Service for duty with the Army or the Navy. All the stations of the Public Health Service are hereby made available for the reception of sick and wounded officers

and men or for such other purpose as shall promote the public interest in connection with military operations."

The epidemic of influenza in 1918—affecting over 4 million and killing more than 1/2 million Americans—further alerted the Nation to the need for a more effective national health force.

Meanwhile emergency war conditions had convinced Congress that the regular Commissioned Corps of PHS should be strengthened with a reserve corps. A law authorizing such an auxiliary was passed in 1918.

In the early 1920's approximately 50 hospitals were transferred from PHS to the newly created Veterans Administration, concentrating all health care and services for veterans in a single agency.

Between the wars, narcotics hospitals were authorized . . . and later came in to being at Lexington, Kentucky, and Fort Worth, Texas. The Service assumed responsibility for medical services in Federal penal institutions. In 1930, the Hygienic Laboratory was renamed the National Institutes of Health . . .

For expanding responsibilities, the Service found that it needed men and women of other professions to serve with its commissioned medical officers. For this reason, Congress opened officer ranks to sanitary engineers, dentists, and pharmacists and later added scientists, nurses, dietitians, physical therapists, veterinarians, sanitarians and health services officers.

As advances in public health increased life expectancy, the degenerative diseases of the aged such as arthritis, cancer, and heart disease—came to the foreground. In 1937, Congress authorized a National Cancer Institute as part of the National Institutes of Health.

After 141 years in the Treasury Department, the Service, in 1939, became a part of the newly created Federal Security Agency. . . later to become the Department of Health, Education and Welfare, and subsequently in 1980, the Department of Health and Human Services.

The United States entrance into World War II, again, brought a multitude of new responsibilities to the Service. These entailed: detailing physicians, engineers, and nurses to emergency areas, to other Federal agencies, and later to the United Nations Relief and Rehabilitation Administration . . . improvement of sanitation facilities in emergency areas . . . cooperation with States in controlling venereal disease . . . cooperation with the Army and Navy inspecting ordnance plants and other military industries . . . developing methods which reduced poisoning from chemical processes . . .

During the war, the use of science required the diversion of the National Institutes of Health research to war problems: studying effects of high altitude flying . . . improved yellow fever and plague vaccines . . . improved antimalarial drugs . . . better methods for purifying water for fighting men in tropical countries. Thanks to a vaccine developed by the Service before the war, not one death from typhus fever occurred during the war among our own troops, in spite of frequent exposure to this disease.

Under the malaria-control-in-war areas program, epidemiologists, entomologists, and engineers assisted greatly in eradicating malaria in this country and today keep surveillance against its reentry from abroad. Officers on overseas wartime duty helped make possible the building of the Burma Road through these malaria control activities. Others have fought tropical disease in Central America so the Pan American Highway could be built . . . and braved the rigors of far northern cold to advance the Alaskan Highway.

In 1944, Congress consolidated all laws relating to PHS (i.e., The Public Health Service Act—P.L. 410, 78th Congress). It was the first Act of record which codified all legislation pertaining to a Federal agency. The Service was consolidated under four bureaus. Executive Order 9575 declared "the Commissioned Corps of the Public Health Service to be a military service and a branch of land and naval forces of the United States . . ." "This status existed until the cessation of hostilities in the Korean conflict.

Expanding Health Resources. In the exciting post-WW II years, the Nation experienced a growing consciousness of the significance of health to its national life. Within the Service, appropriations multiplied . . . and so did the number of personnel . . . with the categories of vocations growing to more than 350. For ever-growing health programs, the Service facilities expanded to include more than 50 general and specialized hospitals, . . . over 135 outpatient clinics . . . more than 100 field stations around the world.

During the post-war years, the Nation began expanding medical research significantly. The National Institutes of Health expanded to a total of 11 national institutes including: cancer . . . heart, lung and blood diseases . . . child health and human development . . . allergy and infectious diseases . . . arthritis, diabetes, and digestive and kidney diseases . . . dental research . . . eye . . . neurological and communicative disorders and strokes . . . aging . . . environmental health sciences.

These years also witnessed progress in the following

areas: water pollution control...establishment of the Centers for Disease Control...expansion of hospital construction programs...transfer of the Office of Vital Statistics from the Census Bureau...first training grants...Clinical Center at the National Institutes of Health...establishment of the Robert A. Taft Sanitary Engineering Center...transfer of the Indian health program to PHS...air pollution control...establishment of the National Library of Medicine...expanded participation in international health...expansion of programs on mental health and mental retardation...accident prevention...health education...development of nursing resources...community programs in health and services...authorization for an Environmental Health Center

PHS Today. PHS has undergone significant change in the last two decades with the creation of the Environmental Protection Agency and the Health Care Financing Administration which incorporated major activities previously conducted within PHS. During this same period the Food and Drug Administration became a part of PHS. Major new programs were created such as the National Health Service Corps, the National Institute for Occupational Safety and Health, the Office of Health Care Technology, the Bureau of Medical Devices, the Fogarty International Center, and many others.

PHS is a principal component of the Department of Health and Human Services, is the major health arm of the Federal Government and the world's foremost health agency.

In recent years, the PHS function has continued to evolve. Care for merchant seaman and the eight hospitals at which such care was provided have been transferred to other organizations. The transfer of this function reduced PHS clinical activities by one-third, but the remaining clinical programs, especially the Indian Health Service, have grown steadily. Through enactment of new laws, Congress has placed increased responsibility upon PHS in the following sectors:

- Expansion of research into the cause, treatment, control and prevention of disease;
- Launching of frontal attacks on such major killers as cancer and heart disease;
- Supplying of health-professional assistance to local, State, national, and international health organizations to cope with special health needs and challenges;
- Expansion of Health Maintenance Organizations (HMOs) to improve health care in communities;

- Furtherance of programs to treat mental illness more effectively, to promote better mental health, and to combat drug abuse, alcoholism and other hazards to health;
- Furtherance of food and drug programs to safeguard the health of the consuming public;
- Strengthening of communicable disease control at home and abroad;
- Initiation of the National Health Service Corps to provide health professionals for isolated communities without medical care;
- Expansion of medical, dental, and environmental health programs for Alaskan natives and American Indians.

In response to the increased responsibility, PHS has grown from a small nucleus of health professionals to more than 5,500 officers of the commissioned corps, plus 39,000 professional, technical and support personnel in civil service, working in a wide variety of health programs.

II-Programs of PHS

Within the Department of Health and Human Services, PHS serves as the major health component of the U.S. Government under the Assistant Secretary for Health with the assistance of the Surgeon General. PHS operates five major agencies: Alcohol, Drug Abuse, and Mental Health Administration; Centers for Disease Control; Food and Drug Administration; Health Resources and Services Administration; and National Institutes of Health.

Office of the Assistant Secretary for Health.

Directing the activities of the Office of the Assistant Secretary for Health, the Assistant Secretary for Health with the assistance of the Surgeon General:

- Serves as the principal advisor on health;
- Provides national leadership and guidance for developing health strategy, health and health-related policies and programs; and
- Coordinates activities with other government, private, and international agencies concerned with health.

Within OASH the major subcomponents are the Office of International Health, Senior Advisor for Environmental Affairs, Office of Population Affairs, Office of Adolescent Pregnancy Programs, Office on Smoking and

Health, Office of Health Maintenance Organizations, Office of Equal Employment Opportunity, and other health administration/management functions.

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is comprised of three Institutes: The National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health. The agency coordinates the research programs and related activities carried out by these Institutes to prevent, control, and treat alcohol and drug problems, and mental and emotional illnesses.

The Institutes provide financial support for a broad spectrum of basic, applied, and clinical research, ranging from investigations at the molecular level to study of risk factors in the environment. Supported research is undertaken by scientists in a variety of disciplines working in universities; medical schools; hospitals; alcohol, drug abuse, and mental health treatment centers; and other research settings. More than 600 staff scientists also conduct research in intramural laboratories and clinics of the three Institutes.

Other activities include prevention projects; dissemination of scientific and technical information; collection, analysis and dissemination of services data to treatment personnel, policymakers at State and local levels, and other interested parties; and professional and technical assistance to States and communities in operating alcohol, drug abuse, and mental health programs.

The agency also administers Saint Elizabeths' Hospital in Washington, D.C.

In addition to staff assigned to its headquarters in Rockville, Maryland, ADAMHA personnel work in its research laboratories and clinics at the National Institutes of Health, and in research and patient care at Saint Elizabeths' Hospital. Physicians with specialty training in psychiatry, alcoholism, drug abuse, epidemiology, and preventive medicine, as well as social workers, psychologists and mental health nurses are the principal health professions used in this agency. Commissioned officers participate in administering and conducting all programs and activities of the agency.

Centers for Disease Control

The Centers for Disease Control (CDC) is the Federal agency charged with developing and applying disease

prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States. Several operating programs fulfill these goals through their indicated activities.

Epidemiology Program Office. The Epidemiology Program Office (EPO) is the focal point for collections, analysis, and communication of basic surveillance over communicable diseases. The EPO provides consultation to other Federal agencies, State and local health departments, international organizations, and other nations.

Laboratory Program Office. The Laboratory Program Office administers a national program for laboratory improvement by developing and recommending standards for clinical laboratory licensure and certification.

International Health Program Office. The International Health Program Office (IHPO) provides consultation on epidemiology and surveillance to international organizations (such as the World Health Organization and the Pan American Health Organization) and other nations. It coordinates the provision of CDC expertise, resources, and programs to developing countries to assist in improving disease prevention and control, environmental health, and health promotion activities.

Center for Prevention Services. The Center for Prevention Services (CPS) directs a national program for the prevention, control, and eventual eradication of immunizable diseases, sexually transmittable diseases, dental disease, kidney disease, diabetes, and tuberculosis. The CPS also administers a quarantine program to protect the United States against importation of diseases from other nations.

Center for Environmental Health. The Center for Environmental Health (CEH) directs a national program to prevent or control environmentally related health problems and chronic diseases occurring outside the workplace. CEH assists States and localities in establishing and maintaining prevention and control programs.

National Institute for Occupational Safety and Health. The National Institute for Occupational Safety and Health plans and directs the national program to develop and establish recommended occupational safety and health standards in the workplace. The Institute adminis-

ters research in the field of occupational safety and health and develops innovative methods and approaches for dealing with related problems.

Center for Health Promotion and Education. The Center for Health Promotion and Education directs a national program for the development, stimulation, and support of health promotion, health education, and risk activities in various settings such as schools, worksites, and communities. These promotions relate to such personal health factors as nutrition, family planning, abortion, and exercise.

Center for Professional Development and Training. The Center for Professional Development and Training directs a program to develop and sustain a strong national workforce in disease prevention and control. The center provides leadership in improving the performance of practicing health professionals and in implementing improved learning programs for disease prevention and health promotion.

Center for Infectious Diseases. The Center for Infectious Diseases directs a national program to improve the identification, investigation, diagnosis, prevention, and control of infectious diseases. The Center provides epidemic aid nationally as well as to foreign nations.

Food and Drug Administration

The Food and Drug Administration (FDA), a regulatory agency of the Federal Government, is engaged in actions designed to ensure that consumers have basic safeguards; e.g., that:

- Foods are safe and wholesome;
- Prescription and nonprescription medicines, animal drugs, and biologic drugs are safe and effective for their labeled uses;
- Cosmetics are harmless;
- Medical devices are safe;
- All these products are honestly and accurately labeled and packaged;
- Radiation from electronic products does not pose a consumer hazard.

Because of the varied and diverse functions, officers are used in almost every professional category. The compo-

nents of this agency are described in the following paragraphs.

National Center for Drugs and Biologics. This is the largest activity in FDA and its function is directed toward ensuring the safety and effectiveness of drugs—both prescription drugs and over-the-counter products. This is done by monitoring clinical tests of new drugs before marketing and by surveillance of the safety and effectiveness of drugs already in commerce. The review of drug advertising to insure maximum usefulness is also an important role of the Bureau, as is the regular visits by consumer safety officers to drug plants to assure that good manufacturing practices are being followed.

This unit is also responsible for administering regulation of biologic products as set forth in Section 351 of the PHS Act. It is involved in licensing and inspecting manufacturers of biological products that are used in interstate commerce, as well as in conducting research on problems related to the manufacture, development and testing of vaccines, serums, antitoxins and analogous products including human blood and its derivatives.

The National Center for Drugs and Biologics also has divisions in blood and blood products, biochemistry, biophysics, bacterial products, quality control and virology at the National Institutes of Health campus in Bethesda, Maryland.

Bureau of Veterinary Medicine. This Bureau develops and recommends veterinary medical policy with respect to the safety and efficacy of veterinary products and devices. It plans and directs surveillance and compliance programs relating to veterinary drugs and other veterinary medical matters.

Bureau of Foods. The function of this Bureau is to promote the safety of the food supply of the Nation by conducting inspections, collecting and analyzing samples of food products, and assisting the development of State and local food programs that include regulation of retail markets and food service establishments. Supporting research programs to detect and quantify food contaminants is also an important function.

National Center for Devices and Radiological Health. This Center is responsible for assuring the safety, effectiveness, and proper labeling of medical devices and administering a nationwide electronic product radiation control program. Two functions carry out these activities.

The Office of Medical Devices, located in Silver Spring, Maryland, is charged with the implementation of the 1976 Medical Device Amendments to the Food, Drug, and Cosmetic Act. This is done by monitoring clinical tests of new devices before marketing and by surveillance of those devices already in commerce. The office also coordinates regular visits by FDA's field force of consumer safety officers to medical device manufacturing facilities in order to assure compliance with FDA regulations in the device area.

The Center's Office of Radiological Health, located in Rockville, Maryland, is responsible for the implementation of the 1968 Radiation Control for Health and Safety Act. Together with its direct regulatory activities, the group strongly emphasizes research, development of improved procedures, and training for health practitioners and technologists. Products emitting ionizing radiation as well as non-ionizing radiation come under the Center's oversight and range from medical x-ray and other imaging equipment to home television sets and microwave ovens. This office also coordinates a program of field inspections to monitor compliance by the industry with FDA regulations.

National Center for Toxicological Research. Located at Pine Bluff, Arkansas, the Center studies possible harmful effects of chemicals to man.

Executive Director of Regional Operations. This office executes direct line authority over all FDA field operations and establishes field compliance and enforcement posture based on FDA policy.

Health Resources and Services Administration

As one of the five agencies of PHS, HRSA has leadership responsibility for general health service and resource issues relating to access, equity, quality, and cost of care. HRSA pursues its objectives by:

- Providing direct, personal health services for American Indians, Alaskan Natives, Hansen's Disease patients, and other designated beneficiaries;
- Supporting efforts to improve the education, distribution, use, supply and quality of the Nation's health personnel;
- Supporting efforts to integrate health services delivery programs with public and private health financing programs, including health maintenance organizations;

- Improving the use of health resources; and
- Providing technical assistance for modernizing or replacing health care facilities.

HRSA consists of four bureaus: the Bureau of Health Care Delivery and Assistance; the Bureau of Health Maintenance Organizations and Resources Development; the Bureau of Health Professions; and the Indian Health Service.

Bureau of Health Care Delivery and Assistance. The Bureau serves as a national focus for efforts to assure delivery of health care services to residents of medically underserved areas and to special groups. The Bureau assists States in providing health care to underserved populations through community health centers, which are proposed to be funded through the Primary Care Block Grant, and assists States in their support of programs for mothers and children through the Maternal and Child Health Services Block Grant. Through project grants it provides funds to help State, local, voluntary, public, and private entities meet health needs of special populations such as migrant workers and black lung disease victims. It provides direction for the Bureau of Prisons medical program, the National Hansen's Disease Program and the Federal Employee Occupational Health program. It administers a health benefits program for designated PHS beneficiaries. The Bureau also administers the National Health Service Corps which helps States and communities arrange for physicians, dentists, and other health professionals to provide care in health manpower shortage areas.

The Bureau of Health Maintenance Organizations and Resource Development. The Bureau is the Federal focal point for concerns relating to health facilities, health planning, and health maintenance organizations (HMOs). It encourages development of HMOs as a cost-effective alternative to the traditional fee-for-service health care system. It provides technical assistance to HMOs and conducts assessments to determine whether HMOs meet requirements for Federal qualification. It reviews applications for hospital mortgage insurance and monitors repayment of insured mortgages as well as direct and guaranteed loans. It also monitors assisted health facilities to ensure compliance with the obligation to provide free care to poor patients. It recovers grant funds when assisted facilities are changed to ineligible ownership or use. It provides guidelines for constructing and equipping

health facilities and promotes the efficient use of energy. The Bureau also directs and supports a Nation-wide program of State and local health planning agencies.

The Bureau of Health Professions. The Bureau provides leadership in supporting the development and use of the Nation's health personnel. It provides financial support to institutions, targeting resources to areas of high national priority such as disease prevention, health promotion, bedside nursing and care of the elderly. It provides financial support to individuals to help assure access to health professions education. It supports programs to increase the supply of primary care practitioners and to improve the distribution of health professionals. And it provides continuing analysis of the supply and distribution of health professionals and the number required.

The Indian Health Service. The Indian Health Service provides comprehensive health services for American Indians and Alaskan Natives, striving for maximum tribal involvement in the effort to meet their health needs. It assists tribes in developing their capacity to staff and manage their health programs. It assists tribes in obtaining and using health resources available through Federal, State, and local programs. It provides health care services including hospital, ambulatory, preventive and rehabilitative care and the development of community sanitation facilities. It also serves as the principal Federal advocate for Indians in the health field.

National Institutes of Health

The mission of the National Institutes of Health (NIH) is to improve the health of the Nation through its multi-faceted research programs. It maintains a 540-bed clinical research facility, hundreds of laboratories and the 3,000,000-volume National Library of Medicine. In addition to conducting research into causes of diseases, training personnel to conduct research, and educating physicians and allied health professionals to bring the results of research into practice, NIH awards research and training grants and fellowships to support scientific activities of universities, medical schools, hospitals, and other non-profit research and teaching institutions. The following institutes and divisions constitute this agency:

- National Cancer Institute
- National Eye Institute
- National Heart, Lung, and Blood Institute
- National Institute of Allergy and Infectious Diseases

- National Institute of Arthritis, Diabetes, and Digestive and Kidney Disease
- National Institute of Child Health and Human Development
- National Institute of Dental Research
- National Institute of Environmental Health Sciences
- National Institute of Neurological and Communicative Disorders and Stroke
- National Institute on Aging
- Division of Research Grants
- Division of Research Services
- Division of Research Resources
- Division of Computer Research and Technology
- The Clinical Center
- National Library of Medicine
- Fogarty International Center.

All of these institutes and divisions are located in Bethesda, Maryland, with the exception of the National Institute of Environmental Health Sciences, which is at Research Triangle, North Carolina, and the intramural research program of the National Institute on Aging at the Baltimore City Hospital. In addition, some institutes maintain satellite activities outside the main Bethesda location.

Commissioned officers in all health professional disciplines are assigned to NIH, within the intramural laboratory and clinical research programs, as extramural grant and contract administrators, and in other management positions in support of its research mission.

Outside PHS

Coast Guard. Through the Bureau of Health Care Delivery and Assistance/HRSA, PHS commissioned officers provide direct health care to Coast Guard personnel in Coast Guard facilities throughout the country.

Commissioned officers are also assigned to certain agencies outside PHS to help meet their health professional staffing needs. Officers are currently detailed to the Environmental Protection Agency, the Health Care Financing Administration, the Coast Guard, the Bureau of Prisons, the Agency for International Development, and the Department of Defense.

III-Composition of the Commissioned Corps

"I do solemnly swear that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office upon which I am about to enter, so help me God."

As an officer in the PHS Commissioned Corps, you are part of the oldest medical service of the Federal Government. It has proud traditions of pioneering achievement for better health - within our Nation and around the world.

From that day forward your life, work, and commitments took on increased significance as you became part of a great national mission: protecting and advancing national health...alleviating human suffering...guarding against the dangers of disease...improving and prolonging human life.

In the silent war against disease, there is no truce - no retreat - no peace. The unrelenting battle goes on against this deadly enemy. Invisible to the naked eye, it stalks the world wantonly crippling and killing millions...threatening all humanity.

Around the globe, the secrets of the body and mind confront us. The more we learn of the human condition, the more there is to learn. For each secret unlocked by research, countless others surface which beckon us to identify, investigate, and understand them.

Until each newborn child has an equal chance of living a full, happy life; until every teenager can develop in a healthful and nurturing environment; until adults can live every day without fear of being cut down at their peak by disease or trauma; and until old age is no longer fraught with pain and disability, our commitment continues.

A Proud Roster

When your name took its place on the officer rolls of the commissioned corps, it became part of a proud roster. Goldberger's pioneering studies of pellagra were carried on within the Service. Stiles and his work with hookworm disease; Rosenau and the phenomena of anaphylaxis; Francis and the identification of tularemia - these were Service officers and Service achievement. Armstrong adapted poliomyelitis to rodents and thus helped speed

polio research. Mahoney first showed the effectiveness of penicillin against syphilis; and Schrell demonstrated the results of riboflavin deficiencies.

There was Waterhouse taking students from classroom to hospital...Woodworth fighting for the Quarantine Law...Carter contributing yellow fever research that Walter Reed credited as an assist toward the final victory in Cuba...Kinoyan establishing the first hygienic laboratory in 1887, and with it the beginnings of research in the Service - the forerunner of the National Institutes of Health. And more recently, there was Topping who helped develop the first successful treatment of spotted fever and the improved typhus vaccines that changed immunization procedures...Lumsden and Mountin whose work in typhoid epidemiology and rural sanitation is a cornerstone of modern public health work...Parrin, the Surgeon General who brought the discussion of venereal disease out of the dark closet of social taboos and launched a Nation-wide campaign to reduce its incidence...and Terry, the Surgeon General who issued the famous report on the effects of smoking.

Men like Lumsden and Mountin were putting to work the concept that promoting health is as important as preventing sickness. Observing the principle that the health of the individual is not separable from the physical environment and the health of one's neighbors, the Service joined with many organizations - international, national, State, local - some public and some private - to promote environmental conditions that we did protect - rather than jeopardize - the health of the individual and community alike.

Significant achievements have been made by various PHS groups in recent years. The Indian Health Service component in Alaska has seen the life expectancy of the average Alaskan native rise from the mid-forties in the late 1950s to two or three years short of the national average today. PHS efforts have caused the eradication of active cases of smallpox in the world today. Within the next year or two, PHS expects to halt active cases of measles in the U.S. The National Health Service Corps has done much to reduce critical health professional shortages throughout the country.

All this means that you - as an officer of the commissioned corps - may serve in clinical research, or public health administration. You could be assigned to the Pribilof Islands in the Bering Sea or to Africa...to a Coast Guard facility or an Indian reservation in the red rock country of the Southwest...to the care of patients in a futuristic research hospital...to engineering work in a fine technical institution...or to the task of teaching

people how and where to dig a well in a land without safe water.

The "working climates" also include: research in the world renowned National Institutes of Health...adventures on the Alaskan frontier...health missions to the tropics...on-site antiradiation programs...disease investigation around the world. Overall, a colorful spectrum of rewarding careers with a future!

During a career, you will undoubtedly serve in not one but several of these environments.

Because its job has grown so large and its field of operation so diverse, PHS likes you to see it as a whole - the forest as well as the trees. To give you such an overall look, you will need a series of assignments of increasing responsibility.

Esprit de Corps

Just as there is diversity in the Service, there is also unity. While officers are widely scattered geographically, they are tightly knit in fellowship. Wherever you go, you will find friends, fellow members of the corps. And everywhere you will find not just the bond of your professional interest but a sense of belonging to something larger, a strong feeling of team membership - an esprit de corps.

As a PHS commissioned officer, you are privileged to serve as a member of a wide-horizoned service of fine tradition. You have the knowledge that your work is not an isolated activity. Rather it is part of an important

program that is developing a pattern of protections for your country and advancing the cause of human health throughout the world.

Perspective

In its broad horizons, the history - and mission fulfillment of the Service - is the story of men and women dedicating their lives and work to conquering health challenges...of their unrelenting quest for the cause, control, treatment, cure, and prevention of disease...of this study, experimentation, and investigation to expand medical knowledge...of their development of creative techniques in medical methodology...of their ingenious ability to shape resources, manpower, medical knowledge, and technology into widely-diversified, complex programs to combat simultaneously all the major diseases of mankind.

Background

In 1889, Congress recognized the need for a highly trained and skilled force of health professionals to safeguard the health of the Nation. To meet this need the PHS Commissioned Corps was created and modeled after the military service. Originally, the PHS Commissioned Corps was composed of only medical officers; later, legislative authority was enacted to include other health science disciplines.

Table 1.-Comparison of Ranks of PHS Commissioned Corps Members To Those of Other Uniformed Services and the Civil Service System

<u>Public Health Service</u>	<u>Navy</u>	<u>Army and Air Force</u>	<u>Approximate Civil Service Grade</u>
09 Surgeon General	Vice Admiral	Lt. General	Executive Level
08 Assistant Surgeon General	Rear Admiral	Major General	SES
07 Assistant Surgeon General	Commodore	Brigadier General	SES
06 Director	Captain	Colonel	GS-14/15
05 Senior	Commander	Lieutenant Colonel	GS-13/14
04 Full	Lieutenant Commander	Major	GS-12
03 Senior Assistant	Lieutenant	Captain	GS-9/11
02 Assistant	Lieutenant J.G.	First Lieutenant	GS-7
01 Junior Assistant	Ensign	Second Lieutenant	GS-5

Service. The Commissioned Corps is one of the seven services of the United States. The others are the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the National Oceanic and Atmospheric Administration. The Commissioned Corps consists of members of the PHS Commissioned Corps are appointed through the Office of the Assistant Secretary for Health. The corps is governed by the PHS Act, which contains laws, regulations, and administrative procedures. In time of war or national emergency, the President is empowered to designate the commissioned corps as a military service.

Organization

The Commissioned Corps is an all-officer organization. It is organized by grade or rank, salary, and benefits corresponding to the officer members of the other uniformed services. The present active-duty corps strength is approximately 500 officers with nearly 2,300 in the regular corps and the remainder in the reserve corps.

Active Corps.—This component comprises career officers who have expressed long-term commitment to the mission and goals of the Service. Regular commissions are appointed by the President with the consent of the Senate.

Reserve Corps.—This component supplements the regular corps and may expand or contract according to the needs and resources of the Service. All newly appointed officers are commissioned in the reserve corps, for a term which normally does not exceed three years. The authority delegated to the Director, Commissioned Personnel Operations Division (CPOD), Office of Management, Office of Management. Those officers who request to make a longer commitment to the Service are transferred to the regular corps. Officers may apply for assimilation into the regular corps after serving two years. However, assimilation cannot be effected until the officer has completed a probationary period.

Emergency Reserve Corps.—This is a body of officers, not on active duty, most of whom were on active duty at one time. The inactive reserve corps is a pool of professionals in various health disciplines held in reserve to cope with a health emergency. Members of the inactive reserve corps are not subject to involuntary recall to active duty

except in the case of a national emergency. However, all have made a commitment to serve if called upon by the Service.

Retired Officers.—This component is comprised of officers who have been retired from active duty. With their consent they may be recalled to active duty to meet certain program needs. In the event of a national emergency, and if the President designates the commissioned corps as one of the military services, they may be recalled to active duty involuntarily.

Rank

The PHS Commissioned Corps uses the ranks used by the other uniformed services. Table 1 outlines the grade system and shows approximate civil service equivalent grades.

Category

All officers, depending upon their qualifying degrees, are placed in one of the following 11 professional categories:

Medical	Nurse
Dental	Pharmacist
Engineer	Sanitarian
Scientist	Therapist
Veterinarian	Dietitian

Health Services Officer

The Health Services category is composed of many professional health disciplines such as social workers, optometrists, radiological health specialists, chemists, and computer specialists. Requirements for qualifying for this category will be discussed later.

Official Personnel Orders

All major actions relating to commissioned officers (appointments, transfers, release from active duty) are governed by official personnel orders issued by CPOD. No applicant or officer should take any action without written or telegraphic orders in hand. Failure to adhere to this procedure can result in embarrassment and monetary loss.

Suggested Reading

The following publications contain additional information on the history, mission, and functions of the Service:

- *The United States Public Health Service, 1798 - 1950*, R C Williams, M.D
- *A Profile of the United States Public Health Service (1798 - 1948)*, Bess Furman
- "Guide to the Commissioned Personnel System", CCPM Pamphlet No. 41
- The Commissioned Corps Personnel Manual

IV-Commissioned Personnel Operations Division

This section is provided to help you understand how CPOD operates. CPOD is the PHS office where all day-to-day personnel matters for PHS commissioned officers are handled. It is CPOD that processes your application for appointment, issued your personnel orders, authorized travel and transportation of your household goods, and handled most of the personnel-related details of your assignment as a commissioned officer. Over the course of your stay with PHS you will probably need to contact CPOD for assistance at one time or another. Read the functional statements shown below to make yourself familiar with the responsibilities of each CPOD branch. Then, when you have a question, you will know which CPOD branch can best answer it.

Listed below are the four branches of CPOD and the Office of the Director with a brief functional statement for each.

Office of the Director (Telephone: 301-443-3067)

The Office of the Director -

- Provides guidance and assistance to PHS concerning personnel management of the PHS Commissioned Corps;
- Manages and directs the daily operation of the CPOD branches;
- Monitors legislative and regulatory activities which may affect the commissioned corps;
- Administers the adverse action policies pertaining to the corps;
- Develops, revises, and manages the Commissioned Corps Personnel Manual and other printed informational materials about the personnel system; and

- Provides administrative, budgetary, human resource, data systems security, and personnel services for the division.

Officer Services Branch (Telephone: 301-443-4690)

The Officer Services Branch -

- Administers the commissioned corps application, appointment, awards, benefits, billet, commissioned officer effectiveness report, promotion, assimilation, retirement and service programs including all boards associated with those programs;
- Processes and issues personnel orders, is responsible for the interpretation and determination of travel and transportation entitlements, and certifies lump-sum leave payments; and
- Serves as the central depository for all active duty, inactive, terminated, and retired commissioned officer personnel records and processes Privacy Act requests from officers.

Medical Branch (Telephone: 301-443-2606)

The Medical Branch -

- Maintains a health surveillance program for commissioned officers, and provides counseling to those officers with medical problems;
- Reviews and/or develops physical standards for commissioning and retention purposes;
- Initiates and/or reviews physical examinations to determine qualifications for appointment, assimilation, voluntary or disability retirement; and
- Counsels program officials on use of officers as related to health implications.

Officer Development Branch (Telephone: 301-443-3930)

The Officer Development Branch -

- Provides guidance to the PHS agencies and career development committees by assisting them in assuring there is maximum utilization of the professional health skills available in the commissioned corps;
- In conjunction with agency programs, identifies program resource requirements and coordinates the review

of active-duty officers, inactive reserve, and applicant skills to fill those requirements with qualified candidates;

- Administers the qualification profile system, the counseling of officers on career goals, the COSTEP program, and the overall management of all commissioned corps training programs;
- Manages the Emergency Preparedness and Inactive Reserve Programs affecting PHS commissioned officers.

Compensation Branch (Telephone: 301-443-6132)

The Compensation Branch -

- Administers a comprehensive compensation and payroll program for all commissioned officers, retirees, certain former spouses, and annuitants; and
- Administers the Special Pay programs for Medical and Dental officers.

V-The Commissioned Corps Personnel Manual

Definition and Purpose

The Commissioned Corps Personnel Manual (CCPM) is the official communications medium for issuance of regulations, policies, procedures, standards, instructions, and information governing personnel management of the Commissioned Corps. It is intended to serve as a source of information on all matters relating to the operation of the corps, useful to each individual officer, as well as an operating guide for management officials, personnel offices, and administrative offices.

Explanation of Format

The chapters (or subchapters) of the Manual will consist of numbered personnel instructions issued under the appropriate chapter headings. Instructions are the medium for issuing information on commissioned corps personnel administration to management officials, personnel officers, and technicians, administrative officers, and individual commissioned officers. Instructions within a chapter or subchapter will be numbered in sequence.

A companion issuance of the CCPM is the Commissioned Corps Manual Circular series. These circulars are used to disseminate commissioned corps personnel information and instructions of a temporary nature to officers and/or administrative personnel. An example of the use of a Circular is the distribution of the annual Commissioned Officers' Effectiveness Report (COER) each September.

You should be aware of the existence of the CCPM and of the fact that most questions that arise are covered in detail therein. A complete CCPM is maintained in most PHS personnel and administrative offices.

Because this Orientation Guide is intended only to acquaint an officer with the commissioned personnel system and PHS, many of the topics presented for orientation do not go into a great amount of detail. For this reason, reference is frequently made to the relevant CCPM issuances that may be examined to resolve any questions that could arise during the course of the orientation.

VI-Personnel Orders

PHS utilizes two types of orders to establish and define the status of individual officers in relation to the Service. These orders are: Personnel Orders and Temporary Duty Travel Orders. The Personnel Order is the official document which serves, among other uses, as an appointment order, reassignment order, travel order, pay authorization and separation order. A Personnel Order can be issued only by CPOD at headquarters. The Temporary Duty Travel Order is the official document which effects a temporary reassignment of an officer to another duty station and authorizes travel and transportation allowances incident to that reassignment.

You are obligated to comply strictly with such orders. Failure to comply will result in, among other things:

- Loss of travel and transportation allowances;
- Loss of lump-sum payment for unused accumulated annual leave;
- Loss of disability benefits - if you fail to comply strictly with the terms of the order, e.g., (1) fail to report at the time specified (2) fail to report to the location specified, (3) depart prior to time or date specified, (4) depart prior to the issuance of orders.

VII—Appointments

To be eligible for consideration for appointment to the commissioned corps, you must be a citizen of the United States, be under 44 years of age or have adequate offsetting active duty in one of the uniformed services, meet the physical standards of the corps, and have completed an accredited academic or professional degree program in a qualifying health discipline.

Degree Requirements

You are considered for appointment in one of 11 professional categories. The names of the categories usually indicate the type of degree required. The minimum degree requirements for the PHS Commissioned Corps are as follows:

<i>PHS Category</i>	<i>Minimum Degree</i>
Medical	M.D., D.O.
Dental	D.D.S.
Engineer	Bachelor's in nearly any engineering field accredited by the Accrediting Board for Engineering and Technology
Scientist	Ph.D., D.P.H., D.Sc. in scientific or health fields
Veterinarian	D.V.M.
Dietitian	Bachelor's and approved dietetic internship
Nurse	Bachelor's in nursing (NLN approved program)
Pharmacist	Bachelor's
Sanitarian	*Bachelor's
Therapist	Bachelor's
Health Services	Master's in health-related field
• Optometry	O.D.
• Health Records	
Administration	Bachelor's with 50 week medical record library program

Accreditation of School

To be qualifying, a degree must have been obtained from an approved school offering an appropriate education.

*Bachelor's degree in sanitary science, environmental health, or equivalent; or Bachelor's degree with at least 50 semester hours (or equivalent) in the biological or physical sciences, plus 2 years creditable experience in the practice of environmental health subsequent to the Bachelor's degree.

tion program. An approved school is one which has been accredited or approved by a nationally-recognized, professional accrediting body or bodies acceptable to the Director, CPD. Comprehensive listings of approved schools and programs are contained in *Accredited Higher Institutions* published by the American Council on Education. The Department of Education publishes annually an *Educator Directory* which furnishes information on accreditation. A list of approved accrediting bodies for all professional categories is shown in CCPM Subchapter CC23.3, INSTRUCTION 4.

When a school is not on any accredited list, or is a foreign school, it is the responsibility of CPD to determine if the school was accredited at the time you graduated, since a graduate of a non-approved school cannot be appointed in the commissioned corps.

Determination of Grade or Rank:

Your grade is determined by your creditable years of training and experience. After the appointment board considered your credentials for appointment, it determined how much credit you could be given for your professional training and work experience. This credit is expressed in a Training and Experience Date, or TED. This date appears on the call-to-duty personnel orders and is used to establish future eligibility for temporary promotions in both the regular and reserve corps and certain permanent promotions in the reserve corps.

You can estimate what grade you should have been appointed at and when you will be eligible for promotion by using the Training and Experience chart that follows in the section on promotion.

In some cases, you may hold two grades at the same time—a permanent grade and a temporary grade. Eligibility for the permanent grade accrues at a slower pace than for the temporary grades. When entering on active duty, you were appointed at the permanent grade determined by creditable training and experience and may have been concurrently promoted to a higher temporary grade. Your highest grade, whether it is temporary or permanent, determines your pay.

Upon call to duty, if you are eligible for the temporary Full, Senior or Director grade (based on years of creditable training and experience) you will be considered for such grades ON 1. After you have been on active duty for a period of not less than six months. However, you must be recommended by the program to which you are assigned and by the promotion board for your category. Such promotions will be competitive, restricted to the

Commissioned Corps Promotion Criteria
See Commissioned Corps Personnel Manual, Subchapter CC23.4,
Personnel INSTRUCTIONS 1 and 2 for the official statement of
service promotion policy

<u>Grade</u>	<u>Permanent Promotion</u>		<u>Temporary Promotion*</u>
	<u>Regular Corps</u>	<u>Reserve Corps</u>	<u>Regular and Reserve</u>
Director 0-6	4 years Seniority Credit	4 years in Permanent Senior Grade	24
Senior 0-5 (For Restricted Categories)	7 years Seniority Credit	7 years in Permanent Full Grade	17
Senior 0-5 (For Non-Restricted Categories)	17 years Promotion Credit	24 years Training and Experience	17
Full 0-4	10 years Promotion Credit	17 years Training and Experience	12
Senior Assistant 0-3	3 years Promotion Credit	10 years Training and Experience	8
Assistant 0-2	7 years Training and Experience	7 years Training and Experience	4

The following categories are restricted: Pharmacist, Sanitarian, Nurse, Dietitian, Therapist, and Health Services.
The following categories are nonrestricted: Medical, Dental, Scientists, Engineer, and Veterinary.

*Based on years of creditable training and experience (T&E) as shown.

vacancies in grade, and will be effective following approval of the Director, CPOD

VIII-Promotions

As explained earlier, the PHS Commissioned Corps has two types of promotion: permanent and temporary. (See "Promotion Policy," CCPM Subchapter CC23.4, INSTRUCTIONS 1 and 2.) The promotion policy also

allows for the special accelerated temporary promotion of an individual when that individual possesses truly exceptional capabilities and is performing in an assignment above his/her current grade. A tabular presentation of the commissioned corps permanent and temporary promotion criteria follows:

You will be recommended for promotion when you become eligible if you have demonstrated the required qualifications and ability for higher grades, as determined through the promotion board process. This includes review of your performance record, primarily evidenced

in Commissioned Officers Efficiency and Progress Reports (COEPR) or the new Commissioned Officers Effectiveness Report (COER) in your personnel file.

COERs (and the earlier COEPR) are very important to the career of every officer as a major source of information concerning performance and work record. They are collected for many purposes, but they are requested at least once annually through a manual circular in conjunction with CCPM Subchapter CC25.1. INSTRUCTION 1. Timely submission of COERs is of the utmost importance.

Promotion boards consist of at least three permanent Director grade commissioned officers chosen from among officers of the same professional category as the eligible candidates. These board members are appointed by the Director, CPD. Officers eligible for either permanent or temporary promotion during the coming year are considered by the annual promotion board before the promotion year begins.

The promotion board members evaluate each eligible officer individually. They each give the individual a numerical score, then the numerical scores are averaged to give all candidates a single promotion score. After scores have been calculated for all officers recommended for promotion, a rank ordered list is made. The list shows all officers recommended for promotion, starting with the officer who received the highest score and ending with the officer receiving the lowest score.

Rank ordered promotion lists are prepared for each grade in each category, and temporary promotion lists are separate from permanent promotion lists. The number of promotions that may be made each year is limited by law and administrative action. Generally, there are sufficient vacancies in grades 0-2 and 0-3 to accommodate all officers eligible and recommended for either temporary or permanent promotion to those grades. Therefore, when you become eligible for an 0-2 or 0-3, and are recommended by the promotion board, you will be promoted. This is called a non-competitive promotion.

However, in recent times there have been fewer vacancies in temporary grades 0-4, 0-5, and 0-6 than there are eligible officers. This means that you may be recommended for temporary promotion by the promotion board, but because only a limited number of promotions may be made you may not receive a promotion at the time you are first eligible. To determine who will receive a temporary promotion to grades 0-4 through 0-6, the Director, CPD, reviews the rank-ordered list prepared by the promotion board. He/she draws a line on the list based on how many temporary promotions are allowed in

that category for that temporary grade. If you are above the line, you will be promoted when you become eligible. If you are below the line, you will be promoted if and as additional vacancies occur during the course of the year. If you are below the cut-off line and are not promoted during that year because no vacancy occurs, you will be considered by the next promotion board. This is called a competitive promotion. All *permanent* promotions to the 0-6 grade and all *permanent* promotions to the 0-5 grades in the restricted categories are also competitive.

When a category is designated as restricted it means that there are fewer than normal vacancies for permanent promotions. Therefore, promotions to permanent 0-5 and 0-6 grades in the restricted categories take more time since fewer vacancies are available. The restricted categories are nursing, pharmacy, dietetics, therapy, sanitation, and health services. The restricted categories apply only in the permanent promotion area.

In no case will your promotion be effective earlier than your eligibility date.

If you are considered but not recommended by a promotion board for permanent promotion twice in succession (once for permanent assistant grade) you may be separated or reduced in grade in accordance with promotion policy. Note that failure to be recommended for promotion is different from and much more serious than being recommended, but scored such that you fall below the cut-off line described previously.

Each June, consolidated personnel orders are issued for all permanent and temporary promotions resulting from the spring promotion boards. Additional temporary promotions may be approved following the fall meeting of the boards.

Three-Year File Review

Periodic transfers to positions with varied and increased responsibilities provide opportunity and challenge by requiring you to show progressive growth and development in your successive assignments. If you are a regular corps officer, this growth and development is monitored by the 3-year file review. At the conclusion of the first 3 years of regular corps service, your record is presented to a board for review. The review board is composed of three or more commissioned officers of the same professional category. If the board finds you are not fully qualified for further service and if that finding is approved by the Assistant Secretary for Health, you may be separated from the Service.

IX—Assimilation

Assimilation is the process through which you may be appointed to the regular corps, the career component of the commissioned corps. Only those officers identified as qualified candidates for career status with PHS will be considered for assimilation. As a member of the regular corps an officer has a stronger tie to PHS than a reserve corps officer. This tie gives the regular corps officer additional protection in the event of a reduction-in-strength, provides additional rights of due process, and adds to job security. In addition, a regular corps officer is given increasingly responsible assignments throughout PHS to increase his/her understanding of the overall PHS mission.

Your request for assimilation to the regular corps can be submitted after successfully completing two years of active duty, but your appointment to the regular corps will not be effective before you have successfully completed three years of active duty. Officers who have completed more than three and one-half years of active service before making application for appointment to the regular corps may be subject to additional criteria.

Your request should be in memorandum form to the Director, CPOD. It should be accompanied by a Commissioned Officer Effectiveness Report completed to support the assimilation request, and formally endorsed by your supervisor and program management. Upon receipt of your request, you will be sent an acknowledgment from CPOD. All requests must be received in CPOD by December 31 for consideration by the assimilation boards during the following calendar year.

After receipt of your assimilation request, CPOD refers it to an assimilation board for consideration. If the board recommends favorably, you are placed on a rank-ordered list with other individuals who will be nominated for assimilation subject to availability of positions in the authorized strength of the regular corps. The list is forwarded through PHS and HHS channels to the Office of the President. The President nominates those individuals on the list to the Senate for confirmation. The nominations and confirmations are published in the Congressional Record. Following confirmation, personnel orders are issued appointing all those confirmed to the regular corps. The entire process, from the date of the initial request until confirmation by the Senate, may take several years. More information about assimilation may be found in CCPM Subchapter CC23.3, INSTRUCTION 7.

X—Leave

Commissioned officers' leave policy consists of three main types of absences from work - annual leave, sick leave, and station leave. Administrative leave is also provided under specific circumstances. When you are absent from the assigned duty station on other than official business, you must be in one of these leave statuses. (See CCPM Subchapter CC29.1, INSTRUCTION 1.)

Annual Leave

You earn 30 days of annual leave each year, thus annual leave is accrued at the rate of 2 1/2 days for each month of active duty. Leave may accrue up to a total of 60 days, which may be carried over year to year. Leave in excess of 60 days is forfeited each December 31. There are no exceptions to this forfeiture provision because it is mandated by law. (See CCPM Subchapter CC29.1, INSTRUCTION 2.)

Annual leave is to be requested and approved on form PHS-1345 in advance of the date of absence. For an emergency where advance approval cannot be secured, your program is to be notified as early as possible and a leave slip submitted immediately upon return to your duty station. Annual leave is granted in full days. Absence for less than a full workday is considered station leave, and must be approved by your leave granting authority. Nonworkdays (weekends or holidays) at the beginning or end of a period of annual leave are not chargeable against your leave account. However, nonworkdays that fall within a period of leave are chargeable to annual leave. This includes legal holidays and weekends. A consecutive period of absence from duty (annual leave) may not be authorized in two or more parts to avoid charging the nonworkdays falling within the period of annual leave.

Upon separation or retirement from active duty, you generally will be paid a lump sum for the amount of unused annual leave accumulated to your credit, not to exceed 60 days. However, if you are transferring to a Federal civilian position, the leave must be transferred to the new position (a conversion table is shown in CCPM Subchapter CC29.1, INSTRUCTION 3.) You will be divested of your leave if you serve for less than one year on active duty, if you fail to complete an agreed-to period of service, or if you fail to comply with PHS separation policies. After September 1, 1976, you may not be paid by the uniformed services for more than a total of 60 days accumulated annual leave throughout your lifetime.

Payment of leave upon separation will be on the basis of basic pay, subsistence allowance, and quarters allowance on the date of separation. Payment will not include any other elements of pay, such as special and incentive pay.

Sick Leave

Sick leave is granted to you as needed. There is no accrual or charge for sick leave. However, sick leave must be reported on Form PHS-1345 and specific actions must be taken after periods of extended sick leave (see CCPM Subchapter CC29.1, INSTRUCTION 4). Your leave granting authority may require documentation for any period of sick leave, including periods of less than one day. Maternity leave is considered sick leave for incapacitation related to pregnancy and confinement (also see CCPM Subchapter CC29.1 INSTRUCTION 4).

Station Leave

Station leave is any absence from duty for a period of less than one workday. You are technically on duty 24 hours each day. Therefore, absence from the duty station for a period of less than one workday and on nonworkdays (weekends and holidays) is defined as station leave. Station leave is a privilege and not an entitlement, therefore when you need to take station leave during regular working hours, the absence must have the advance oral or written approval of your supervisor. Station leave is not chargeable to annual leave.

Absence Without Leave

If you are away from your duty station during scheduled working hours without approval from your leave granting authority or higher level official, you are absent without leave (AWOL). You can be placed in AWOL status by instance of a personnel order and during the AWOL period you lose all pay, entitlements, and protection. When you return to your duty station, you will be removed from AWOL status, with reinstatement of benefits. However, you may be disciplined through a letter of reproof or reprimand, suspension of privileges, reduction-in-grade, or termination of your commission, depending upon the severity of the situation and needs of the program to which you are assigned.

XI—Pay and Allowances

Your pay and allowances are composed of five basic elements: basic pay, quarters allowance, subsistence allowance, variable housing allowance, and special pay. A discussion of each of these elements is presented below. If more detailed information is needed, please refer to the chapter of the CCPM as indicated.

Basic Pay

This pay is determined by your pay grade and accumulated years of service, active or inactive, enlisted or commissioned, in any of the uniformed services. Medical and dental officers who held commissions as such in one of the uniformed services on September 15, 1981, receive longevity credit for four years of their professional education provided there is no overlap with other creditable service. Medical officers who meet these criteria and who have completed an internship outside PHS also receive an additional year constructive credit (see CCPM Subchapter CC22.1, INSTRUCTION 1). Medical and dental officers who were not commissioned as such in one of the uniformed services on September 15, 1981, will not receive longevity credit for professional education or graduate education (GME-I internship).

Quarters Allowance

A monthly quarters allowance is authorized for you if you are not assigned to Government quarters. The amount payable is a fixed rate determined by your pay grade and whether you have dependents. It is nontaxable. (CCPM Subchapter CC22.4, INSTRUCTION 1).

Variable Housing Allowance (VHA)

Variable Housing Allowance is authorized to help defray housing costs for members entitled to quarters allowance. To be eligible you must reside on the local economy, as opposed to living in Government housing, and be stationed within the continental limits of the United States. VHA is paid as a percentage of the Basic Allowance for Quarters (BAQ) you are receiving. The percentage authorized for payment is based on the ZIP code of your duty station, not the ZIP code of where you reside.

Subsistence Allowance

All officers receive an identical subsistence allowance each month. This amount is intended for personal or household expenses other than quarters and is not affected by grade or dependent status. It too is non-taxable.

Special Pay

Variable Special Pay (VSP) is authorized monthly to medical officers in amounts based upon grade and years of creditable service. The monthly amounts are:

Grade or Status	Years of Creditable Service	Amount
Interns	N/A	\$100.00
01-06	0-5	416.66
01-06	6-7	833.33
01-06	8-9	791.66
01-06	10-11	750.00
01-06	12-13	666.66
01-06	14-17	583.33
01-06	18-21	500.00
01-06	22-up	416.66
07-09	0-up	83.33

Board Certified Pay (BCP) is a monthly amount authorized to medical officers who are specialty-board certified by one of the 22 credentialing bodies recognized by the American Medical Association (AMA) or the American Osteopathic Association (AOA). Board eligible physicians are not entitled to BCP until they have been certified. The monthly amount is based on grade and years of creditable service.

Grade or Status	Years of Creditable Service	Amount
Interns	N/A	N/A
01-09	0-9	\$166.66
01-09	10-11	208.66
01-09	12-13	250.00
01-09	14-17	333.33
01-09	18-up	416.66

Retention Special Pay (RSP) is a lump-sum bonus payable to medical officers who contract to serve on active duty in the commissioned corps for periods of 1, 2, 3, or 4 years*. To be eligible for RSP you must:

1. Be on active duty as a PHS Commissioned Corps Medical Officer.
2. Not be participating in an internship or initial residency program;
3. Be able to complete the voluntary service obligation incurred through receipt of the RSP payment;
4. Be recommended by your program, and
5. Be performing satisfactorily as documented on the COER.

*NOTE: Medical officers who are serving active duty obligations pursuant to participation in the National Health Service Corps scholarship program or in certain other training programs may be ineligible for RSP because of restrictions placed on the expenditure of Departmental appropriations.

RSP is paid in exchange for a contractual agreement to serve on active duty for a specified period of time. Your voluntary failure to fulfill an RSP agreement will result in a pro-rated financial payback based on the unexpired portion of the agreement. Additionally, divestiture of entitlements for travel, transportation for you and your dependents, shipment of household goods, and the withholding of lump-sum payment for unused annual leave at the time of separation is standard procedure.

The amount of RSP authorized to be paid is based on grade and years of creditable service. The amounts are:

Grade or Status	Years of Creditable Service	Annual Amount
Interns	N/A	N/A
01-09	0-9	\$ 9,000.00
01-09	10-up	10,000.00

Dental Special Pay is authorized monthly to dental officers in amounts that may increase to reflect prior active duty as a dental officer in any of the uniformed services. The monthly amounts are \$100 for less than 2 years, \$150 for over 2 years, \$250 for over 6 years, and \$350 for over 10 years. Every active-duty dental officer is

assigned a Special Pay Entry Date (SPED) the anniversary of which is used to determine levels of special pay.

Continuation Pay (CP) is a lump-sum bonus, payable to eligible dental officers. To be eligible, an officer must have 3 years of eligibility credit and have completed his/her active-duty obligation. In exchange for an agreement to serve for one-year periods of active duty, eligible officers will be paid in accordance with their pay grades and years service for basic pay on the effective date of the agreement. Officers in the Director grade (0-6) or below who are not in long term training will be paid a lump-sum equivalent to four times the officers' monthly basic pay using the pay rates in effect on October 1, 1979. Eligible officers in long term training will be paid two times the officers' monthly basic pay. Officers in the Assistant Surgeon General grades (0-7 and 0-8) will be paid the equivalent of three months and two months basic pay respectively (CCPM Subchapter CC22.2 INSTRUCTION 2.) In all cases, continuation pay will be paid based on the pay rates in effect on October 1, 1979.

Veterinarian/Optomemist Special Pay is authorized at the rate of \$100 each month for veterinarian or optometrist officers on active duty (CCPM Subchapter CC22.2 INSTRUCTION 1).

Additional Pays and Allowances

Other pays and allowances are authorized under specified conditions, such as, incentive pay for hazardous duty, i.e., Aviation Career Incentive Pay (ACIP), family separation allowance, overseas station allowance, and uniform allowance.

XII-Medical and Dental Care

Officers

PHS requires you to have periodic medical examinations and encourages certain preventive medical and dental health care practices. The Medical Branch of CPOD maintains files on all active-duty officers that are separate from the official personnel file and are, therefore, accessible only to the staff of that branch. Your medical file consists of physical examination reports, narrative summaries of periods of hospitalization, and reports of sick leave. Records of outpatient treatment are maintained at

the examining station but may be included in the medical file if so requested by you or the Medical Branch.

While you are on active duty you are entitled to medical and dental care, and surgical treatment and hospitalization at uniformed services hospitals and outpatient clinics, e.g., Army, Navy, and Air Force. You may also use the former PHS hospitals which have been designated as temporary uniformed services facilities. Such care will be rendered only if you can properly identify yourself with a correct identification (ID) card. When you and/or your dependents are in travel status away from the permanent duty station, e.g., while on annual leave, CPOD strongly recommends that you become familiar with the location of medical facilities of the uniformed services along your travel route in the event medical care is needed. Refer to CCPM Subchapter CC29.3, INSTRUCTION 3, for a listing of these facilities.

If there is no uniformed services medical facility within reasonable distance, you (but not your dependents) may be eligible for care under the contract patient care program. For further information concerning this program, call the Division of Beneficiary Medical Programs, toll free at 1-800-368-2777 (exceptions in Maryland, Alaska, Hawaii, and Puerto Rico call 301-443-1943, collect in FTS).

Emergency care may be rendered to you at Veterans Administration hospitals and civilian medical care facilities when the emergent nature of the illness does not permit treatment at uniformed services medical facilities. Such an emergency situation must be reported immediately to the Division of Beneficiary Medical Programs, by calling the telephone numbers listed above.

More detailed information is contained in the CCPM under CCPM Subchapter CC29.3, INSTRUCTIONS 2 through 8. Questions concerning the medical program for active-duty officers that cannot be answered by reading these references should be referred to the Medical Branch, CPOD (Telephone: 301-443-2606).

Dependents Medical Care

Medical care is available to your dependents, retired officers and their dependents, and the surviving dependents of deceased retired officers at uniformed services medical facilities on a space-available basis, and through participation in the Civilian Health and Medical Program of the uniformed services (CHAMPUS) on a cost-sharing basis. Dependents requesting medical care must also be identified with an unexpired ID card. Dependents are not authorized dental care, even at uniformed services facilities.

ties. You are never eligible for CHAMPUS benefits. CHAMPUS ensures that authorized health services will be available to dependents and retired officers at civilian medical facilities when they cannot be obtained at uniformed services medical facilities.

Defense Enrollment/Eligibility Reporting System (DEERS)

All active duty uniformed service members and their eligible dependents must participate in DEERS. DEERS is an information network that identifies all beneficiaries of the Uniformed Services Health Benefits Program. It is operated by all of the seven uniformed services, and is controlled by the Department of Defense. Members of the PHS Commissioned Corps are automatically enrolled when issued uniformed services identification cards. DEERS enrollment verifies eligibility for care at uniformed services medical facilities. In the future, a DEERS enrollment card will replace the ID card as the single proof of eligibility for health benefits, post exchanges and commissary privileges. If you are uncertain about your enrollment or enrollment of your dependents, contact the Officers' Services Branch/CPOD for verification or to make application.

For detailed information on the Uniformed Services Health Benefits Program, including CHAMPUS, you should read the CHAMPUS Handbook or the CHAMPUS Regulation, DOD 6010.8-R.

XIII—Commissary and Post Exchange Privileges

You are eligible for commissary and post exchange (PX) privileges at Armed Forces installations throughout the United States and at some U.S. installations in foreign countries. Often considerable savings may be realized through the purchase of food, gasoline, uniform articles, and clothing at these facilities. Use of the facilities is regulated by the Armed Forces, and local ground rules must be observed when using commissary and post exchange privileges.

To help you and your dependents in shopping at the post exchange and commissary, a monthly consumer guide, entitled "Military Living," is published at most military installations, free of charge to the consumer. This guide tells about the PX and commissary in the local area, including thrift shops, class VI (package) stores, military

theaters, family services, military youth centers, special recreational information, housing referral offices and other privileges available to officers or dependents.

Abuse of privileges can result in embarrassment to you, your dependents, and the Service, and denial of further use of the facility. The commissioned officer, dependent or retired identification and privileges cards serve as authorization to use these facilities. Policies covering the issuance of identification and privilege cards are contained CCPM Subchapter CC29 2, INSTRUCTIONS 1 and 2.

Most Armed Forces installations permit PHS officers and their dependents to use the post theater, officers' club, golf course, and swimming pool. These privileges are granted to PHS officers and their dependents at the discretion of the Commanding Officer of the installation or the board of governors of the officers' club. These privileges may be restricted, however, to personnel of the parent service if the facility is unable to accommodate all personnel of the uniformed services located in the area.

XIV—Public Health Service Uniforms

The uniform you are to wear is a Navy-type uniform with distinctive insignia and devices to identify you as a PHS officer. The wearing of the uniform is a privilege and honor, and it should be worn with pride. You must wear it correctly, do not wear any other than the regulation uniform insignia of your rank; wear only authorized decorations and ribbons; and adhere to the uniform grooming standards published in the CCPM.

To enable officers to perform their assignments more effectively, the Director, CPOD, has designated certain stations, as "uniformed stations." All officers assigned to such stations are required to wear the appropriate uniform and are entitled to receive a \$250.00 uniform allowance. This is a one-time allowance in a career. You may wear your uniform voluntarily under appropriate circumstances, however, unless you have been directed to wear the uniform there is no uniform allowance entitlement.

The Service dress blue is the basic uniform. This uniform may be worn on all occasions whenever prescribed as appropriate except when full dress, formal dress, dinner dress, tropical or working uniform is indicated. You are strongly encouraged to wear your uniform when you receive an honor award at any award ceremony.

Detailed information may be obtained by consulting CCPM Subchapter CC46.3, INSTRUCTION 1; and

Subchapter CC26.3, INSTRUCTIONS 1 through 8. Information about uniform allowances is contained in CCPM Subchapter CC22.4, INSTRUCTION 3.

XV—Retirement Program

You benefit from a non-contributory retirement system. Retirement is structured on the basis of a 30-year career, and your retired pay is determined by your grade and length of service at the time of retirement. There are two different authorities for computing retired pay. One for officers who entered on active duty prior to September 8, 1980, and another for officers who entered on duty after that date.

If you came on active duty prior to September 8, 1980, your retired pay is computed by multiplying monthly basic pay by 2 1/2 percent times the number of years creditable towards retired pay computation. The monthly basic pay used is your base pay of the highest grade you held for at least six months.

If you first become a member of the uniformed services on or after September 8, 1980, your monthly retired pay base will be one thirty-sixth of the total amount of monthly basic pay received for any 36 months, and this will be multiplied by 2 1/2 percent times the number of years of service you have creditable towards retired pay (PL 96-342).

The maximum retirement benefit attainable is 75 percent of your base pay. In addition, you are also covered under the Federal Insurance Contributions Act (FICA), referred to as Social Security. Participation in this program is mandatory and, being contributory in nature, deductions are withheld each month from your salary check. Retired officers may apply to receive their benefits at age 62, at a reduced amount. The full amount is not payable until age 65.

The five types of retirement available are: 30-year, 20-year, involuntary, disability, and age.

Thirty-Year Retirement. When you complete 30 years of creditable active service you may apply for retirement. Service approval is not required. Your retirement income would be 75 percent of your base pay or high 36-months,

Twenty-Year Retirement. You may request retirement after completing 20 years or more (but less than 30 years) of active service. 20-year retirement is subject to review and recommendation by a retirement board and approval by the Assistant Secretary for Health. To be eligible for

consideration, you must have at least 10 years of active service in PHS and must have at least 10 years of active commissioned service in one of the uniformed services. In addition, the program to which you are assigned must be agreeable to the early retirement and document the fact that such retirement would not adversely affect the operation of the program.

Involuntary Retirement. After you have completed 30 years of active service, your performance will be automatically reviewed every two years to determine your qualifications for continued active service. If you are found to be making a positive contribution to the PHS mission, you will be retained on active duty. However, the board may decide that you have earned your maximum retirement benefits and have little room for further advancement and may recommend you be involuntarily retired.

After completing 20 years of active service, you may be considered for involuntary retirement if your performance is below the level expected for an officer of your grade and professional discipline, or if there is no suitable assignment.

Disability Retirement. The physical disability retirement provisions are too lengthy and involved to explain in detail here. The following paragraphs describe some of the provisions.

If you are unfit to perform the duties of your office or grade because of a physical disability, you may be retired or separated. To be eligible for disability retirement, you must have a disability which 1) is or may be permanent in nature, 2) was incurred or aggravated while on active duty, 3) is not the result of misconduct, willful neglect or incurred while on unauthorized leave, and 4) is at least 30 percent in degree or if less than 30 percent, you must have at least 20 years of active service.

Disability retirement may be either permanent or temporary. If there is any question about the permanency of the disability, you will be placed on the temporary disability retired list and given periodic physical examinations at least once every 18 months. After 5 years, or earlier if such examinations show that you are permanently disabled, you may be permanently retired. If the disability is less than 30 percent on any examination and you have completed less than 20 years of service, you may be separated from the commissioned corps with severance pay. If you are found physically fit upon reexamination and have been in the regular corps prior to retirement you will be recalled to active duty if you request such action. A

reserve corps officer found fit upon reexamination may be returned to active duty only if a position is available. If no position is available, the reserve corps officer will be placed in the inactive reserve corps.

To qualify for disability retirement, you must be serving on active duty.

If you, your supervisor, or the Medical Branch feel that you are unable to perform your duties because of medical problems, a medical evaluation will be conducted to determine your fitness for duty or eligibility for disability retirement. To initiate such action, a written request should be addressed to the Director, CPD.

Retirement for Age. When you reach age 64, you may retire at any time, regardless of the number of years of active service to your credit.

More specific information covering the various types and aspects of retirement are contained in CCPM Subchapter CC23.8, INSTRUCTIONS 1 through 8. Information is also contained in CCPM Pamphlet No. 24, "Commissioned Officers Retirement Guide."

Keogh and Individual Retirement Account (IRA) Plans. Beginning January 1, 1982, you became eligible to participate in Individual Retirement Account (IRA) plans even though you are covered by a Federal pension system. You may open an IRA account with any qualified financial institution and deduct the amount you contribute to it, up to \$2000 annually for an individual account, from your taxable income for that year.

If you are self-employed on a part-time basis, you may also be eligible for the KEOGH plan.

Questions concerning eligibility for either KEOGH or IRA should be sent in writing to the IRS.

XVI—Benefits—Officers and Survivors

Veterans Administration (VA) Benefits

Service in the commissioned corps for a continuous period of active duty of 24 months, or the full period for which you were called to active duty, whichever is less, qualifies you for most benefits administered by the VA. If you came on active duty before October 17, 1981, you qualify for VA benefits after 180 days of continuous active service. You may use some of these benefits while on active duty after completing 181 days of active service.

GI Loans for Homes, Condominiums, and Mobile Homes. VA guarantees part of a loan that helps you to get a VA mortgage featuring:

- A moderate interest rate,
- No down payment (unless required by the lender or the purchase price exceeds the reasonable value as determined by the VA),
- A long amortization or repayment period

Educational Benefits. If you were appointed on or after January 1, 1977, you are eligible for educational benefits only if you enroll in the VA's Post-Vietnam Era Veterans' Educational Assistance (VEA) Program, under which you must make contributions in order to receive any educational benefits from VA.

The monthly contributions must be not less than \$25 nor greater than \$100. The VA will match your contribution on a 2 for 1 basis up to a maximum of \$8,100 based on your maximum contribution of \$2,700.

You may begin participation at any time while on active duty. You may participate through payroll deduction by submitting the form PHS-6162, "Contributory Educational Assistance Program Statement of Understanding and/or Allotment Request," included in the materials you received when you were called to active duty. *You must submit this form even if you do not want to participate in the VEA P at this time.*

You may also participate by making lump-sum contributions before you leave active duty. The same rules stated above apply. However, you cannot contribute more than \$100 for each month of active duty you actually serve. To make a lump-sum contribution, you complete the PHS-6162 and submit it to the address specified on it with a statement of how you will make the contributions — by payroll deduction or by submitting the contribution separately. See CCPM Subchapter CC29.9, INSTRUCTION 7, for more information.

The money you contribute may be refunded if you do not use all your educational benefits within 10 years of your release from active duty; however, there is no interest paid on the money you contributed.

Most officers who served on active duty for 180 days prior to January 1, 1977, are eligible for non-contributory educational benefits under the old "GI Bill." (Certain officers who served on active duty prior to January 1, 1977, may not qualify for the old "GI Bill." An example would be certain COSTEPs and others who served on active duty only for training. These officers must partici-

part in the VEA program in order to obtain educational benefits.) The program is quite involved and has many exceptions. If you are unsure of your eligibility either under the old "GI Bill" or the VEA program, you should contact the Benefits Representative in the Officer Services Branch, CPD.

Survivors' Benefits

There are a number of benefits to which your dependents may be entitled if you die while on active duty. They include such provisions as a death gratuity, insurance payment, social security benefits, burial entitlements, dependency and indemnity compensation, and medical care. Some of these benefits are provided by PHS, others by the Veterans' Administration, Social Security Administration, or other uniformed services.

Death Gratuity. This is a lump-sum payment made by PHS, as designated by you or by law, to your survivors if you die while on active duty. In general, it consists of 6 months' basic pay with a monetary limitation of \$3,000.

Funeral Expenses. If you die on active duty, the Service will contribute toward burial expenses (currently up to \$950), which consist of the usual and customary services. In addition, the Service will pay up to \$450 to cover the cost of interment, if burial is not in a national cemetery.

Insurance. While on active duty you are automatically insured under the Servicemans' Group Life Insurance (SGLI) program in the amount of \$35,000 unless you elected not to be covered or to be covered for a lesser amount.

Dependency and Indemnity Compensation. Dependency and indemnity compensation (DIC) is paid by the Veterans' Administration to your eligible survivors if you die on active duty and the death is determined by the VA to be service connected. The amount of DIC payable is based on your pay grade at the time of your death and will be paid to your widow or widower. There is an additional amount payable if you leave surviving dependent children. In some instances parents may be eligible for this payment if there are no other eligible survivors.

Amounts¹ payable are:

0-1 — \$563	0-5 — \$726
0-2 — \$582	0-6 — \$817
0-3 — \$622	0-7 — \$884
0-4 — \$658	0-8 — \$969

¹These rates were effective January 1984. Rates usually increase each year through legislation.

Medical Benefits and Privileges. Your death while on active duty does not terminate your survivors' entitlement to certain service benefits and privileges. If your survivors are eligible dependents they are entitled to ID cards and will continue to receive medical care under the Uniformed Services Health Benefits Program, which includes care at uniformed services facilities, as well as under CHAMPUS. They may also continue to patronize commissaries and post exchanges, where available.

Additional information on survivors' benefits is contained in CCPM Subchapter CC29.4, INSTRUCTION 1; and CCPM Subchapter CC29.5, INSTRUCTIONS 2 and 3.

XVII—Billet Program

A billet description is documented information concerning the duties, responsibilities, and qualifications necessary to perform a specific job within an organization. The primary purpose of the billet program is to assist management in the operational phases of personnel management. Information generated by this program can be used in the recruitment and selection process, manpower planning and resource utilization studies, and in career development programs. It may be one of the factors considered by promotion boards. The billet program is the principal means by which PHS makes statistical projections of the grade-distribution needs for the corps. All billet descriptions are evaluated using a five-factor evaluation system. After analysis and evaluation, each factor is given a numerical rating. These ratings are then totaled and the total point range determines a specific grade level for the billet.

Each billet description is assigned an identification number in the upper right-hand corner of the billet. This number appears on Personnel Orders as Position Description Number (PDN) followed by the official title of the billet.

Billet Evaluation Factors

The five factors used to evaluate a commissioned officer position description are education and experience, accountability, supervisory responsibility, responsibility, and personal work contacts.

1. Education and Experience.

This factor reflects the education and experience needed to perform the duties and responsibilities of the position, and not the qualifications of the proposed incumbent (e.g., B.A. plus 2 years of experience, M.D. plus 3 years of experience).

2. Accountability

a. *Positive Contributions to the Mission of the Organization:*

The level at which the incumbent operates is covered by this factor. This ranges from the accomplishment of specific tasks characteristic of the professional training and other subjourneyman positions, the accomplishment of work at the full operating level, and work of exceptional difficulty or responsibility for a complete professional service. The range of this factor may further extend to responsibility for a program of world-wide scope and importance.

b. *Consequences of Judgmental Failure:*

This factor has varying degrees as does the positive contribution factor; e.g., there may be little opportunity for judgmental failure, or judgmental failure may cause serious injury or death to a person, or may cause serious impairment to a professional program activity or research effort.

3. Supervisory Responsibility

The character of direction given by incumbent to subordinate employees and the number of employees supervised are covered by this factor.

4. Responsibility

a. *Character of Direction Received:*

The character of direction received may take the form of detailed instructions given with each assignment, independent workers whose assignments are prescribed but who select their own methods and solve most problems without assistance, individual workers who plan and organize their own work assignments and whose work is reviewed only for the

attainment of objectives, and individual workers who assume functions without professional assistance and control over their work, which is limited only by such matters as conformity with policy and expenditure of funds.

b. *Guidelines and Originality:*

The extent to which guidelines are applicable to the individual's work is covered by this factor. The number of well-defined guides, methods, theories and precedents available to the incumbent, and the degree of originality necessary in devising new methods and techniques are also covered. If guidelines are almost completely lacking, the extension of existing theory or methodology may be required.

5. Personal Work Contacts

This factor involves the purpose of the contacts, which ranges from obtaining and providing information or rendering a service, interpreting and seeking support of policies or programs of a controversial and complex nature, to securing acceptance and support of major agency programs. The nature of these contacts is also considered. For example, the incumbent may deal with persons outside his/her immediate unit, with other Government agencies and nongovernmental organizations or with persons such as congressmen and cabinet members.

The evaluation of billets takes place in the Officers Services Branch of CPOD. After this process is completed, a copy of the numbered and rated billet is returned to the personnel contact in each agency and these are subsequently distributed to each program involved. The program is responsible for giving you a copy of your evaluated billet description.

Review and Updating of Established Billet Descriptions*

All billet descriptions should be reviewed annually to ascertain the accuracy of the description. The program is responsible for certifying that the duties and responsibilities as described are current and accurate. If your job has changed or you have been reassigned to a more responsible position, an updated billet description must be submitted to CPOD with a form PHS-1662, "Request for Personnel Action." CPOD will re-evaluate and assign a number to the new billet description when necessary. The

program should advise CPOD as to the disposition of the old billet description.

*NOTE: The billet evaluation program is currently being revised and will be published as a part of the CCPM. The revised system will be based on similar factors and will contain the evaluation procedure and several benchmark billets.

XVIII—Travel and Transportation

The Joint Travel Regulations (JTR), which are prescribed by the Secretaries of the uniformed services, define the travel and transportation allowances authorized by Title 37, U.S. Code.

You accrue no travel and transportation entitlements until travel is authorized by competent orders—personnel orders or travel orders. Paragraph 3000 of the JTR provides that there may be no reimbursement for travel unless travel has been directed by competent travel orders, nor will there be reimbursement for travel performed prior to issuance of orders or in anticipation of orders.

You may be divested of all travel and transportation allowances if you resign or separate voluntarily prior to completing either two years of continuous active duty or a period of active duty agreed to in writing.

Travel and transportation allowances accrue in situations of permanent change of station (PCS) and temporary duty (TDY):

- Permanent change of station is effected by personnel orders signed by the Director, CPOD, and includes call to active duty for more than 20 weeks, reassignments/transfers, and separations from the Service.
- Temporary duty (temporary additional duty) is effected by orders signed by a competent local authority and includes short-term assignments (less than six months) away from the permanent duty station.

Permanent Change of Station Allowances

Permanent change of station allowances include the cost of your personal travel, that of your dependents, and the shipment of your household goods at Government expense.

Personal Travel. You and your dependents are entitled to one of the following, or combinations thereof (see chs. 4 and 7, JTR):

- A mileage allowance (no per diem) for the official distance to the new duty station when a privately owned conveyance is used;
- A monetary allowance in lieu of transportation plus per diem for you;
- Transportation in kind plus per diem for you;
- Reimbursement for the actual cost of common carrier tickets plus per diem for you, or reimbursement on a mileage basis with no per diem.

Household Goods. Household goods include furniture and furnishings or equipment, clothing, baggage, personal effects, professional books, papers, and all other personal property associated with the home and person. Household goods do not include privately owned vehicles, trailers, boats, or animals. Shipment includes shipping/crating at origin, hauling, and unpacking/uncrating at destination. Shipment also includes an entitlement of up to 90 days' temporary storage if needed. Shipments should be made in one lot. You must bear any additional costs occasioned by multiple pickups and deliveries, excessive mileage, or excessive weight (see ch. 8, JTR).

Temporary Duty (TDY)

Temporary Duty Allowances. Temporary duty allowances are defined in chapter 4 of the JTR and include per diem, transportation expenses, and household goods allowances.

Per Diem. Per diem includes the cost of quarters, subsistence, and other necessary incidental expenses related thereto, not to exceed prescribed rates.

Transportation Allowances. Transportation expenses may be covered in a number of ways, including:

- Government provided transportation;
- Reimbursement for cost of commercial tickets; or
- A monetary allowance for the distance of the ordered travel.

The method(s) used for a given duty assignment will be determined by the requirements contained in the travel orders; or your preference where the orders do not require specific modes of travel. A number of miscellaneous expenses in connection with temporary duty are also reimbursable.

Household Goods. You may ship a limited amount of household goods incident to TDY orders, provided that the nature of the assignment is such that the regular baggage usually carried is insufficient and the shipment is authorized on the orders.

A supplement is attached to this section entitled "General Information for TDY Travelers" which contains more specific details on temporary duty.

Claiming Reimbursement

To obtain reimbursement for travel and transportation allowances, you must complete and submit a travel voucher. These vouchers and information regarding completion are available from the travel officer or the finance officer at your permanent duty station.

Further Information

More specific information is available in the travel office at your permanent duty station or may be found in the following Commissioned Corps Personnel manual pamphlets:

- CCPM Pamphlet 11 — "Information on Shipment of Household Goods"
- CCPM Pamphlet 24 — "Commissioned Officers Retirement Guide"
- CCPM Pamphlet 32 — "Commissioned Officers Separation Guide"
- CCPM Pamphlet 51 — "Information on Temporary Duty Travel"

General Information for TDY Travelers

Travel Orders. The travel order is the key to an authorized temporary duty assignment. Normally a travel order is issued in writing prior to travel; however, verbal orders that are later confirmed in writing are sometimes used. Follow the orders carefully, and make sure all instructions or limitations are understood. Complete travel plans promptly and arrange for departure as required by orders.

Preparation. Duty time is authorized to make arrangements for a trip, such as picking up orders, requesting and obtaining an advance travel payment, and making arrangements for transportation. Taking time off to do

so, however, should be arranged with the permission of your supervisor.

Advance of Funds. An advance of travel allowances may be obtained when necessary. The advance received will be an amount not to exceed the estimated expenses incurred on the trip. Advances should not be requested for trips of short duration unless substantial outlay of personal funds would otherwise be required. After completing the travel, submit a claim as soon as possible. If the advance exceeds the accrued allowances, a refund of the excess amount is required. If the accrued allowances exceed the advance, the difference will be paid.

Routing and Cost of Transportation. Transportation officers who issue transportation requests for use on common carriers or arrange travel by Government facilities determine the route to be used. In the event more expensive accommodations are desired or you will be taking an indirect route for personal reasons (such as taking leave in conjunction with TDY), the additional cost of the carrier must be paid at the time the transportation request is exchanged for a ticket(s). Such additional costs will not be refunded upon completion of travel. Leave enroute should be indicated on the travel order.

Commercial Transportation. Policy requires the use of the least costly service that will permit satisfactory accomplishment of the mission. When a transportation request (T/R) is not available at the time and place required, you may elect to receive reimbursement for the actual cost of transportation for the mode of transportation authorized and actually used. If a T/R is available and the cost of transportation is less than \$100, you may elect not to use a T/R and request reimbursement for the cost of the ticket. If the cost of the ticket exceeds \$100 and you choose not to use a T/R, then reimbursement may not exceed what the Government would have paid for the ticket.

Baggage. The amount of baggage taken depends on the mode of transportation you use. Ticket agents or travel representatives can advise how much free baggage is authorized. Any baggage weight that exceeds that carried free on a ticket is classed as excess. The cost for any excess baggage shall be borne by the traveler except when it is authorized in a travel order or when written explanation attached to the travel claim is approved. Receipts should be obtained when the cost of excess baggage exceeds \$25.

Privately-Owned Conveyances. If the use of a privately-owned conveyance is more advantageous to the Government and travel is performed by that means, an allowance of 16 cents per mile is payable for the official distance plus a per diem for the necessary travel time enroute. If a privately-owned conveyance is not more advantageous to the Government (but it is used for personal convenience) 16 cents per mile is still payable for the official distance; however, per diem for the travel time may not exceed the time it would have taken an air or surface common carrier (whichever more nearly meets the requirements of the orders and is more economical to the Government) to complete the journey. The 16 cents per mile allowance is not payable if travel by common carrier or use of Government conveyance has been directed in the orders and such mode of travel was available.

Taxis and Airport Limousines. Taxis can be used between places of residence, lodging or place of duty at the permanent or temporary duty station, and stations, or local terminals of the mode of transportation used; between carrier terminals when necessitated by a change in the mode of transportation; from carrier terminals to lodging and return when required by transportation delays en route that are beyond your control. When in a temporary duty status you may be reimbursed for the usual airport limousine service fares between an airport and the airport limousine terminal. Reimbursement of 15 cents for tips is authorized when the fare is less than \$1.00 or 15 percent of the fare for greater amounts.

Special Conveyances. The use of a special conveyance such as rented or hired automobiles, and boats may be authorized or approved by the official directing the travel. An aircraft is also considered a special conveyance and its use may be authorized or approved for single flights between two or more points. The expenses for the use of a special conveyance so authorized or approved are reimbursable if the claim is supported by a receipt showing the cost of the special conveyance, the service rendered, the rate of compensation by the day, hour or other unit.

Per Diem Within the United States. A per diem of \$23 for food and incidentals plus the average cost of lodging, not to exceed \$50* per day, is prescribed for periods of

*Per diem rates and other travel allowances are subject to change. When you perform travel, your administrative office should advise you of the current rates in effect.

travel and temporary duty within the United States. Per diem is a daily allowance designed to offset the cost of lodging, meals and incidental expenses related thereto, such as tips to bellboys, maids, and porters at hotels. Other official expenses are reimbursable and are described later under "What Can Be Claimed on a Travel Voucher." You are required to state on the travel voucher the total actual cost paid for lodging during a temporary duty period. The paying official is responsible for determining the average amount paid for lodging. Receipts for lodging are required to be submitted with the voucher. Deductions will be made from the total per diem allowance for meals available in a Government mess at the TDY station, for meals times at the permanent station prior to departure and after return to the permanent duty station (meal times are 0700, 1200 and 1800), and for non-Government meals furnished at no cost to the traveler. (There will be no deduction for meals consumed on aircraft enroute to and from the temporary duty station).

Per diem is not authorized for TDY at the permanent duty station, at home, or for time spent on leave during the TDY assignment. Per diem is not authorized when travel is interrupted for your convenience or for travel by an indirect route; however, per diem is payable not to exceed that which would have been paid for uninterrupted travel by the usually traveled route.

Actual Expense - Unusual Duty Assignments. Instead of being paid per diem, you may request that the actual expenses be reimbursed when temporary duty is for an unusual duty assignment. These requests are approved on an individual basis by the Travel, Transportation and Per Diem Committee when the unusual nature of the conditions that will be encountered on the assignment are such that actual and necessary meal and lodging costs will exceed the applicable per diem allowance by 10 percent or more, or when you have no alternative but to incur lodging costs that absorb all or nearly all of the maximum per diem allowance. If the request is approved, actual daily expenses not to exceed \$75 will be reimbursed. Consult Appendix E of the JTR for information on how to apply.

Actual Expense Allowance - High Cost Areas. Certain cities have been designated in the United States as high-cost areas where the maximum daily amount payable runs from \$50 to \$75. These cities are identified in Appendix I of the JTR.

Use of Government Quarters and Other Facilities. Generally, when Government quarters and/or mess are available, their use is required. Exceptions to this requirement occur when (a) the order-issuing authority, either prior to or subsequent to the travel involved, issues a statement to the effect that use of such facilities would adversely affect the performance of the assigned mission; or when (b) the commander (or his/her designated representative) who is responsible for existing Government facilities at the temporary duty or delay point, furnishes a statement to the effect that use of existing Government facilities is impracticable. Your statement as to non-use of Government quarters and mess has the same effect as a statement of nonavailability issued by the commander or his/her designated representative only for periods of travel en route, for any period of temporary duty or delay of less than 24 hours' duration.

Discount and Tax Exemption on Rooms and/or Meals. Some hotels, motels and/or restaurants allow discounts for uniformed service or Federal Government travelers for rooms or meals, or both. You should inquire when registering and/or checking out or paying the bill to take maximum advantage of these discounts.

Temporary Duty Records. A detailed daily travel record should be kept while on TDY. It should include the following items:

- Place of departure, date and local time (2400 clock);
- Place of arrival, date and local time (2400 clock) and reason for stop;
- Mode of travel used (air, auto, rail, ship or bus);
- Transportation used (transportation request, Government transportation, common carrier at own expense, privately owned conveyance or special conveyance);
- Daily mileage when driving own vehicle;
- A record of the dates that Government quarters or commercial quarters were used and the amount paid for those quarters each date;
- Meals available at Government facilities;
- Non-Government meals furnished at no cost;
- Cost of taxis, tips, checking and transfer of baggage, ferry, fares, road, bridge, and tunnel tolls when traveling by a Government conveyance or special conveyance, official telephone and telegraph calls, and cost of travelers checks.

What Can be Claimed on a Travel Voucher. A travel voucher should be completed as soon as possible after return to the permanent duty station. Administrative personnel can assist. Travel advances are entered on the voucher, with attached receipts when required. The hard copy of the T/R, and any unused tickets or transportation requests are submitted to complete the claim for settlement. Penalty checks from airlines for failure to provide confirmed reserved space should be attached to the voucher and submitted with the claim. Normal items that can be claimed on a travel voucher include the following:

- Per diem;
- Monetary allowance in lieu of transportation;
- Taxi fares including 15% tip;
- Cost of checking and transfer of baggage;
- Cost of transportation to and from carrier terminals;
- Cost of shipment of excess baggage (if authorized);
- Cost of special conveyance when authorized or approved;
- Ferry fares, road, bridge and tunnel tolls when traveling by a Government or special conveyance;
- The cost of traveler's checks or similar instruments purchased by you for normal expenses incurred incident to temporary duty provided the total value of such instruments is not more than the per diem and travel expenses administratively estimated for the ordered travel;
- Expenses of operating a Government conveyance (oil, gasoline and parking fees);
- Registration fees;
- Communications services;
- Entry fees, boarding taxes and similar fees.

Receipts should be obtained for all reimbursable items of expense in excess of \$25. Failure to produce a receipt for items in excess of \$25 may result in denial of your claim, unless a full explanation is attached to the voucher.

XIX—Soldiers' and Sailors' Civil Relief Act

The Soldiers' and Sailors' Civil Relief Act (SSCR Act) benefits became available to all active-duty PHS commissioned officers on April 22, 1976, with passage of Public Law 94-278 (See 42 U.S.C. 213(e)). Under the SSCR,

there are primarily three specific provisions that apply to PHS officers.

Establishment of State of Domicile for Purpose of State and Local Income and Personal Property Taxes

Under this provision, domicile is the place regarded as your permanent home. Consequently, once this domicile is established, you do not lose domicile by taking up temporary residence elsewhere as a result of compliance with official personnel orders. It also follows that a State (other than a home State) or locality cannot tax your income merely because you reside and/or perform duty in that State. In each case, the question of where legal domicile is located is determined by you and the State tax authorities concerned. Factors relevant as evidence, but not conclusive in the determination, include where you vote, the Internal Revenue Service office where you file Federal income tax, the place of issuance of your auto title, registration and driver's license, the ownership of property, and payment of State income tax.

Automobile Licenses, Fees or Excises

Section 514 of the SSCR Act (50 U.S.C. App. 574) also provides that if you reside in a State as a result of official orders (PHS Orders) you will not be subject to auto licensure and related fees or excises of that State, provided that the license fee or excise required by the State, territory, possession, or District of Columbia in which you are domiciled has been paid. Although some States also apply the exemption to driver licensure requirements, this exemption is not provided under the SSCR Act.

Termination of Leases by Officers

Entry on Active Duty. Section 304 of the SSCR Act (50 U.S.C. App. 534) provides that a lease covering premises occupied for dwelling, professional, or similar purposes may be terminated by the lessee by notice in writing to the lessor, if the lessee enters PHS subsequent to execution of the lease. Notice may be given at any time following the date you are called to active duty. Termination of a lease providing for the monthly payment of rent is effective not earlier than thirty (30) days after the first day on which the next rental payment is due subsequent to the date when such notice is delivered or mailed.

Transfer, Retirement or Separation. Termination of lease authority does not apply in the case of transfer after

entry on duty or upon retirement or separation. Your recourse in these situations is to obtain the "transfer" or "under military or naval orders" provision in the lease agreement. PHS personnel orders now constitute "military or naval orders" for this purpose.

The immunities and protections provided by the SSCR Act do not extend to your dependents. A more detailed explanation of the SSCR Act as it applies to commissioned officers is contained in CCPM Subchapter CC29.9, INSTRUCTION 2.

XX—Board for Correction of PHS Commissioned Corps Records

In September 1979, the PHS Act was amended by Public Law 96-76 to expand to the PHS Commissioned Corps the provisions of section 1552 of title 10, U.S. Code, which authorizes the secretary of a military department to correct the records of military members. This provision now authorizes the Secretary of Health and Human Services, or his/her designee, under procedures approved by the Secretary and acting through a board of civilian officers and employees (i.e., nonuniformed), to correct any record maintained by the Department on a present or former PHS officer when he/she considers such action necessary to correct an error or remove an injustice.

The correction authority was originally enacted for the military services under the Legislative Reorganization Act of 1946, to relieve the Congress of the burden of considering private bills for correction of military records. The types of cases reviewed include those involving requests for physical disability separation and in lieu thereof retirement for disability; increase in percentage of disability; and removal of derogatory material from an official file.

The law requires that an application be filed with the board for correction of records within three years of the date of discovery of the error or injustice. The board is authorized to excuse the fact that the application was filed at a later date if it finds it to be in the interests of justice. The board is empowered to deny an application without a hearing if it determines that there is insufficient evidence to indicate the existence of probable material error or injustice. More information about the application and board procedures can be found in CCPM Subchapter CC49.9, INSTRUCTION 1.

XXI—Recognition Program

This program has been designed to provide a means for the Secretary, HHS, the Assistant Secretary for Health (ASH), PHS Agency Heads, and Regional Health Administrators to give formal recognition to officers who have performed particularly effective work in carrying out the mission of PHS; and to encourage maximum performance and improve the esprit-de-corps of commissioned officers. Pursuant to the authority delegated by the Secretary, ASH has established designated awards to recognize PHS commissioned officers for personal merit or achievement.

The following awards, with a description of each, are presented and listed in order of precedence:

Distinguished Service Medal (DSM) – This is the highest award presented to those commissioned officers whose service and achievements deserve the highest recognition of PHS. This may range from outstanding accomplishment in a significant aspect of the mission of PHS to a one-time heroic act resulting in a great saving of life, health, or property. The magnitude of the achievement and its results are determining factors for this award.

Meritorious Service Medal (MSM) – This is the second highest PHS recognition that an officer can receive from PHS. This award is presented in recognition of (1) a single, particularly important achievement; (2) a career notable for accomplishments in technical or professional fields; or (3) unusually high quality and initiative in leadership. For example, the levels of performance meriting this award may include: a highly significant achievement in research or program administration; a series of significant contributions; a continuing period of meritorious service; or exhibition of great courage in hazardous work or in an emergency.

The Outstanding Service Medal (OSM) – The OSM is normally presented to officers who have either demonstrated outstanding continuous leadership in carrying out the mission of PHS; or have performed a single accomplishment which has had a major effect on the health of the Nation, or have performed a heroic act resulting in the preservation of health or property. Differentiation between the OSM and MSM concerns the magnitude of the impact.

Commendation Medal (CM) – This award represents (1) sustained high quality work performance in scientific, administrative, or other professional fields; (2) application of unique skill or creative imagination to the approach or solution of problems; or (3) noteworthy technical and professional contributions that are significant to a limited area. This award requires a level of proficiency and dedication distinctly greater than that expected of the average commissioned officer, keeping in mind that a commission presupposes high standards of performance.

The Achievement Medal (AM) – This medal is awarded in recognition of noteworthy accomplishments of 6-4 officers and below in the performance of duty. It is presented to recognize a noteworthy contribution(s) toward the attainment of program objectives, or sustained above-average performance of duty over a relatively short period of time, such as a short tour of duty (120 days or less).

Public Health Service Citation – The PHS Citation may be awarded for the noteworthy performance of duty including the recognition of noteworthy contribution(s) toward the attainment of program objectives; sustained above-average performance of duty over a relatively short period of time, such as a short tour of duty (120 days or less) or a 2-year tour of duty.

The PHS Citation may also be awarded incident to the retirement or separation of an officer.

The Outstanding Unit Citation (OUC) – This award represents acknowledgment of outstanding achievement by a designated organizational unit within PHS. This award is made to commissioned officers in PHS components who exhibit superior service toward achieving the goals and objectives of PHS. The OUC requires the performance of exceptional service of national or international significance. The period recognized will normally be short and marked by definite beginning and ending dates.

The Unit Commendation (UC) – This award is an acknowledgement of outstanding accomplishments by a designated organizational unit within PHS. The award is made to commissioned officers in a PHS unit which has demonstrated a significant level of performance well above that normally expected, but at a somewhat lesser level than is required for the OUC. The period recognized

will normally be short and marked by definite beginning and ending dates.

The CCPM contains six separate issuances on this subject. They may be found in CCPM Subchapter CC47.1, INSTRUCTION 1, and Subchapter CC27.1, INSTRUCTIONS 1 through 5. It is considered impracticable to try to encapsulate all of the essential features of this program; therefore, if you need more detailed information you should consult the cited instructions.

Service Awards

All Service Awards consist of a ribbon bar and a certificate.

Isolated Hardship Service Ribbon. To receive this ribbon, the officer must serve a minimum of 180 consecutive days in an area of the U.S. designated by ASH as being isolated, remote, insular, or a hardship duty assignment.

Foreign Duty Service Ribbon. For the foreign duty ribbon, the officer must serve outside the continental United States for at least 30 days or at least 90 nonconsecutive days in a foreign post while on temporary or permanent assignment (other than while in training). This award does not include service in Hawaii, Alaska, or Puerto Rico.

Hazardous Duty Service Ribbon. This ribbon is presented to an officer who has served a minimum of 180 days in a position requiring frequent risk to his/her safety. The appropriateness of the award for specific assignments will be determined by ASH and will include: frequent flights on unscheduled airlines to remote areas, working with dangerous substances, or assignment to hostile areas. This award does not include assignments associated with the treatment of Hansen's disease.

Special Assignment Service Ribbon. Officers must have been detailed to specific program initiative of other Federal or State agencies, or to other organizations as specified by ASH for a minimum of 30 days to be a recipient of this ribbon. This award does not include such assignments if they are a routine function of the position or specifically included in the officer's billet description.

XXII—Standards of Conduct

You are subject to the DHHS standards of conduct. These standards are found in CCPM Subchapter CC26.1, INSTRUCTION 1. It is your responsibility to be acquainted with the rules, regulations and laws governing conduct on and off the job as well as to obtain advice when in doubt, and to obtain approval when required, for any outside activity.

In general you are required to place official responsibilities above any conflicting interests or associations. You must avoid conflicts of private interests with public duties and responsibilities. Some of the specific areas addressed in the Standards of Conduct are as follows:

Gifts, entertainment and favors. – Concerns accepting gifts from outside sources and the giving of gifts to a supervisor or official. The latter case does not, however, prohibit gift-giving on special occasions such as marriage or retirement.

Outside employment. – Concerns such matters as professional and consultative services, writing and editing, publishing, teaching, lecturing and speechmaking. Most of these activities must have prior approval by a designated official before you can engage in such activity.

Financial interests. – Concerns the direct or indirect financial interests that conflict or appear to conflict substantially with official duties and responsibilities. Special attention is paid to those employees in regulatory, procurement, and contracting activities.

Conduct on the job. – Prohibits certain acts involving misuse of Government funds and property while on the job.

Political activity. – Specifies which political activities are permissible and which are prohibited under statutory political activity restrictions applicable to all Federal employees.

The above information is very brief and is intended only to make you aware of the fact that there are certain prohibited activities that are imposed as the result of your employment with a Federal agency.

XXIII—Grievances

PHS has an established policy to deal with grievances. CCPM Subchapter CC26.1, INSTRUCTION 5, presents, in detail, various aspects of this subject.

Listed below are subjects that are not considered to be grievable matters:

- Promotion;
- Assimilation;
- Long-term training;
- Special pay and allowances;
- Retention;
- Retirement;
- Separation;
- Reduction-in-grade.

Generally, those situations (with the preceding exceptions) that result in concern or dissatisfaction on your part and which are subject to control by PHS management are covered by the procedures of CCPM Subchapter CC26.1, INSTRUCTION 5. It should suffice for you to be aware of the fact that there are procedures established to handle grievances and that the CCPM has an INSTRUCTION dealing with the mechanics of grievance resolution.

XXIV—Equal Employment Opportunity

Commissioned officers are to be afforded equal opportunity and just treatment (see CCPM Subchapter CC26.1, INSTRUCTION 6.) Managers, supervisors, administrators, and fellow employees may not discriminate against a commissioned officer because of his/her race, creed, sex, or national origin. In addition, commissioned officers are prohibited from discriminating in the course of their employment against any individual for the same reasons stated above. A commissioned officer found guilty of discrimination *will* be disciplined.

If you believe you have been discriminated against, you may file a formal complaint pursuant to CCPM Subchapter CC26.1, INSTRUCTION 6.

XXV—Training and Obligations

The growth and development of all officers is essential for effective program operations and strong professional leadership. The commissioned corps personnel system has broad authority, under law, for supporting appropriate training and educational experiences for commissioned officers and includes intramural, extramural, and, in some cases, training in other Federal agencies. The Service will not support you in an extramural training program when an intramural program adequate to meet Service needs is available.

Intramural Training Programs

Each year, in August/September, you will receive information relating to the availability of intramural residency training programs. These programs are limited to medical and dental residencies. Medical residencies and fellowships are offered in the following specialties:

- Obstetrics and Gynecology;
- Pediatrics;
- Preventive medicine;
- Psychiatry;
- Pulmonary Medicine Fellowships;
- Surgery.

The Indian Health Service hospital at Phoenix offers residencies in pediatrics, obstetrics/gynecology, and surgery. Preventive medicine residencies and pulmonary disease fellowships are offered at the Centers for Disease Control (CDC) in Atlanta, Georgia, and Morgantown West Virginia. St. Elizabeths' Hospital in Washington, D.C., is the location of the only psychiatric residency and is sponsored by the National Institute of Mental Health, a component of ADAMHA. Many residencies are affiliated with either local hospitals or university hospitals.

Procedure. Intramural residencies are open to all active-duty medical or dental officers as well as physicians and dentists not in the Service, with the exception of CDC's preventive medicine residency which is limited to PHS officers currently holding staff positions at CDC. Active duty officers who are applying for residencies should submit an original and two photocopies of the following forms or statements: Form PHS-1122-1; a signed Intramural Residency Training Agreement; and a

will normally be short and marked by definite beginning and ending dates.

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- Preventive medicine;
- Psychiatry;
- Pulmonary Medicine Fellowship;
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Procedure. Intramural residencies are open to all active-duty medical or dental officers as well as physicians and dentists not in the Service, with the exception of CDC's preventive medicine residency which is limited to PHS officers currently holding staff positions at CDC. Active duty officers who are applying for residencies should submit an original and two photocopies of the following forms or statements: Form PHS-1122-1; a signed Intramural Residency Training Agreement; and a

Training Purpose and Objectives Outline. These materials should be forwarded through supervisors and program approving-officials so that the entire application packet reaches the Officer Development Branch/CPOD by March 15. Persons not in the Service are expected to serve as commissioned officers and should apply for a commission concurrently. A completed form PHS-1122-1 and the signed training agreement are also required. Application forms (PHS-50) for a commission are available at any PHS activity or from the Commissioned Personnel Operations Division, Room 4-35, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

Obligations. After completion of the training there is no obligation to remain on active duty for residency training received solely at a PHS facility. However, many residency programs include periods of training in non-PHS facilities.

If the PHS-supported intramural training program includes one or more periods of extramural training (i.e., training received in non-PHS facilities), the officer must agree to serve on active duty with the PHS Commissioned Corps for six months or twice the period of training received in non-PHS facilities, whichever is greater, subject to the following limitations: (a) If the total period of training in non-PHS facilities is 30 days or less, the officer incurs no active-duty obligation; (b) Up to one year of training in non-PHS facilities, for which no tuition and fees are charged, shall be disregarded in determining the period of the officer's active-duty obligation.

Officers who fail to complete an active-duty obligation with the PHS Commissioned Corps incurred as a result of PHS-supported training, shall be obligated to pay PHS an amount equal to two (2) times the total amount of the tuition, fees, and other training expenses, and two (2) times any compensation (to include but not limited to pay, allowances, special pays, travel, transportation, and shipment of household goods) received by or paid to the officers in connection with the training. (Note: Under Department of Treasury regulations, late charges may be assessed for payments made after the due date on amounts owed to the U.S. Government.) Furthermore, PHS will deny lump-sum payment of unused annual leave at the time of separation; divest any entitlements to travel and transportation allowances and travel time which are otherwise authorized in connection with separation from the PHS Commissioned Corps; withhold final pay and allowances to satisfy any indebtedness to the Government; and deny any request for a commission in the inactive reserve.

Extramural Training

This is frequently referred to as training outside the Service and all commissioned officers are eligible to apply. Although it is not required by Service training policy, many PHS agencies will not approve training before an officer has completed two years of active duty in PHS. Invitations to apply are forwarded in August/September of each year to all officers.

Procedure. Three copies of form PHS-1122-1 must be submitted to the supervisor for completion and then be transmitted through specific program officials indicated on the form. By mid-January, the agencies shall have forwarded to the Officer Development Branch, CPOD, only those applications for training for which funds are available and approval is recommended. The branch then refers the applications to the appropriate Career Development Committee (a discussion of these committees follows in section XXVII) for their recommendation. After this, the applications are forwarded through channels for approval.

Obligation. For full-time training of 30 day or less, there is no obligation. For more than 30 days, but less than 3 months, the obligation shall be 6 months. For training of 3 months or more, the obligation incurred shall be twice the period of training.

Officers who fail to complete active-duty obligations with the PHS Commissioned Corps incurred as a result of PHS-supported training, shall be obligated to pay PHS an amount equal to two (2) times the total amount of the tuition, fees, and other training expenses, and two (2) times any compensation (to include but not limited to pay, allowances, special pays, travel, transportation, and shipment of household goods) received by or paid to the officers in connection with the training. (Note: Under Department of Treasury regulations, late charges may be assessed for payments made after the due date on amounts owed to the U.S. Government.) Furthermore, PHS will deny lump-sum payment of unused annual leave at the time of separation; divest any entitlements to travel and transportation allowances and travel time which are otherwise authorized in connection with separation from the PHS Commissioned Corps; withhold final pay and allowances to satisfy any indebtedness to the Government; and deny any requests for commissions in the inactive reserve.

XXVI—Malpractice

PHS commissioned officers and civilian employees are protected against personal liability from suits arising for damages for personal injury, including death, resulting from the performance of medical and related duties.

Section 224 of the PHS Act (42 U.S.C. 233) provides that "A remedy against the United States...for damage for personal injury, including death, resulting from the performance of medical, surgical, dental or related functions, including the conduct of clinical studies or investigation, by any commissioned officer or employee of PHS while acting within the scope of his office or employment, shall be exclusive of any other civil action or proceeding by reason of the same subject matter against the officer or employee (or his estate) whose act or omission gave rise to the claim."

The protection afforded commissioned officers by this statute extends only to acts within the scope of PHS employment. Therefore, the officer who is engaged in any outside employment should consider purchase of malpractice insurance.

Even though officers are covered for malpractice by the statute, officers should be aware that their actions may result in liability of the Government and should regard malpractice prevention as an integral part of daily patient-care activities.

It should be borne in mind that health practitioners have the benefit of special education and training, and are required by the courts, when involved in applying that education and training, to exercise a degree of care that a reasonably prudent member of that particular profession would exercise under the same or similar conditions. If a practitioner fails to provide this care so that a patient suffers, or the patient's condition worsens, that practitioner may be named in a malpractice claim or suit.

Detailed information may be obtained by consulting CCPM Subchapter CC29.9, INSTRUCTION 6.

XXVII—Career Development Committees and Coordination Council

The purpose of PHS Career Development Committees is to build professional competence, to provide for better use of human resources, and to create an environment more conducive to the attraction and retention of health

professionals in PHS. Included as major program elements are studies of human resource needs, development of recruitment procedures and literature, orientation of new personnel, identification of training opportunities, planned national assignments in the interest of career development and effective use of our entire health professional staff resources in terms of both Service and individual program needs. To date, 13 Service-wide Career Development Committees have been established covering the following professions: 1) dentists, 2) dietitians-nutritionists, 3) engineers, 4) health educators, 5) physicians, 6) nurses, 7) optometrists, 8) pharmacists, 9) sanitarians, 10) social workers, 11) therapists, 12) veterinarians, and 13) scientists. These committees operate in close collaboration with CPOD. The committees are composed of commissioned officers and civil servants representing appropriate PHS agencies. Members of the committees are appointed each fiscal year.

The purpose of the Career Development Coordination Council is to review the activities of the various Career Development Committees and identify and develop joint recommendations of mutual interdisciplinary concern. The Coordination Council is composed of the chairpersons of the various Career Development Committees and the Chief Professional Officers, PHS.

For further information contact the Chief, Offices Development Branch, CPOD, who serves as the Executive Secretary of the Career Development Coordination Council.

XXVIII—Acronyms

Throughout this pamphlet you will see many acronyms and phrases which may be new to you, but which are frequently used when speaking or writing about the commissioned personnel system. Throughout your first several years as a commissioned officer you may wish to refer to this section.

AWOL—Absence Without Authorized Leave refers to any period when you are absent from your duty station and are not in an approved annual, sick, station, or administrative leave status.

ASG—Assistant Surgeon General. This is a flag rank position comparable to a Navy Commodore or Admiral. This is always a temporary rank established by the Secretary upon recommendation by ASH. Only 1 percent of the corps may hold this rank.

ASH or OASH—This refers to the Assistant Secretary for Health and the Office of the Assistant Secretary for Health. The Assistant Secretary for Health is responsible for directing and administering PHS and the commissioned corps, and he/she reports directly to the Secretary of the Department of Health and Human Services.

BPED—This stands for base pay entry date, and is established at the time you are called to active duty. It reflects credit that you have been given to establish the initial rate of basic pay you receive within your grade.

CAD—Call to active duty date. This is the date on which you were placed in active duty-status. It may or may not coincide with your EOD.

COEPR—This refers to the Commissioned Officer Efficiency and Progress Report, which was formerly used to evaluate your performance.

COER—Commissioned Officer Effectiveness Report. This form replaces the Commissioned Officer Efficiency and Progress Report (COEPR). Both are form PHS-838. The COER is the most influential document reviewed by promotion boards when evaluating officers for promotion.

COSB—Commissioned Officer Systems Branch. This branch is part of the Office of the Assistant Secretary for Personnel Administration at the Departmental level. COSB provides computer support to both the commissioned officer personnel and pay systems, and certifies the monthly payroll.

COSTEP—Commissioned Officer Student Training and Extern Program. Students in health-related disciplines work for PHS during free periods of the academic year. This provides the student with working knowledge of the largest Federal health agency, and allows PHS to evaluate students for future career employment.

CPOD—The Commissioned Personnel Operations Division (CPOD) is the office in which most day-to-day personnel operations concerning commissioned officers takes place. You will need to be familiar with the many functions performed by CPOD and its five branches, since they will directly affect you as a commissioned officer. Section IV of this pamphlet describes the many CPOD functions and provides telephone numbers for each of the CPOD branches.

CSED—Creditable service entry date. This date is established for all medical officers and determines the various

rates of physician special pay. The date reflects all active duty with a uniformed service, and time spent in an internship and residency (provided it is not concurrent with active-duty service).

DSG—Deputy Surgeon General. This office supports the SG and is generally filled by a chief professional officer.

EOD—Entrance on duty. This is the date on which you first entered on active duty as a PHS commissioned officer.

HSO—Health services officer. This is the name of the multi-discipline, professional category which includes such professionals as social workers, optometrists, medical records administrators, chemists, and many others.

IRC (or IRP)—Inactive reserve corps or program. This component consists of individuals no longer on active duty, but who wish to retain a commitment to PHS to make their services available to PHS for short tours of active duty when needed.

OPF—Official personnel file. The OPF contains all important records concerning your career with PHS.

PCS—Permanent change of station. This refers to a permanent transfer, initial call to active duty, or retirement, and the travel and transportation benefits connected to that move.

PHS or the Service—PHS is the acronym for the U.S. Public Health Service. Often PHS is referred to as the Service by PHS employees. When a PHS document refers to "the Service", it does not mean the armed services or uniformed services, but PHS.

PO—Personnel order. This order is the legal document authorizing you to perform duty, receive pay, accrue benefits, travel, and other actions or entitlements. It is issued only by CPOD.

RCD—Retirement credit date. This date plus 20 years reflects when an individual will first become eligible for retirement.

SBP—Survivor Benefit Plan. This plan allows a retiree to contribute a portion of his/her retired pay to a Service-sponsored, tax-deferred annuity program for his/her spouse, children, or, in certain areas, other dependents.

SG—Surgeon General. The Surgeon General is the chief medical officer of the United States, and is the head of the

PHS Commissioned Corps. This office was established in 1889, and the first Surgeon General was John N. Woodworth.

SGLI—Servicemen's Group Life Insurance. All officers automatically participate in this group life insurance program while on active duty unless participation is declined.

SPED—Special pay entry date. This date is established for dental, veterinary, and optometry officers to show what service is credited towards their special pay rate. It is not used to compute eligibility for or rate of continuation pay.

SSAN—(or SSN) This refers to your social security account number.

TED—This is also referred to as "T & E", and it stands for training and experience date. This date reflects all collegiate and post-graduate training with which you are credited, and it includes credit for any professional work experience that can be counted toward your pay grade. This date determines your grade upon call to active duty and later establishes your eligibility for promotion.

TDY—Temporary duty. Whenever you perform duty other than the billet to which you are assigned, and whenever you are away from your duty station on business for more than one day, you are performing temporary duty. TDY must be authorized on either a TDY personnel order or a travel order. Depending upon the type of TDY, you may be authorized per diem, travel entitlements, and/or shipping entitlements.

VA—Veterans' Administration. This is the Federal agency that administers many benefit programs for members and ex-members of the uniformed services. Benefits include low-cost home loans, educational benefits, medical care, survivor benefits, and burial allowances.

VEA (or VEAP)—Veterans' Educational Assistance Program. This is a contributory educational benefit program in which an officer's contributions are matched two for one by VA. Anyone who initially enters on active duty on or after January 1, 1977, may participate in this plan.

VGLI—Veterans' Group Life Insurance. After leaving active duty, an officer may convert SGLI into five-year term insurance called VGLI. When the five years have expired, the officer may switch to a private insurance plan with guaranteed insurability.

XXIX—Frequently Used Forms

The following are forms that you may use routinely to take care of personnel or payroll matters.

Form Number

Title

Personnel Related Forms

PHS-50 Application for Appointment as a Commissioned Officer - Use this form to make application for appointment.

PHS-838 Commissioned Officer Effectiveness Report - This form is completed annually by supervisors and program managers to evaluate the performance of officers under their authority. It is also completed for special circumstances, such as when an officer is considered for promotion or assimilation.

PHS-1122-I Application for Training for Commissioned Personnel - Use this form to apply for long-term training. You may use form HHS-350 for short-term training.

PHS-1345 Request and Authority for Leave of Absence - Use this form to request annual leave, sick leave, and station leave. After you return from leave, you complete the last section of the form and give it to your leave maintenance clerk.

PHS-1373 Separation of a Commissioned Officer - Use this form to start separation from active duty, which includes termination, inactivation, and retirement.

PHS-1866-I Identification and Privilege Card (active-duty officer) - This form is issued to you as your PHS identification card to prove your active-duty status and verify eligibility for many benefits. Carry it with you always.

PHS-1866-2 Identification and Privilege Card (inactive reserve) - If you are appointed into the inactive reserve after separation, you will be issued this card. The

	card plus a copy of personnel orders calling you to active duty will verify your eligibility for benefits.	Payroll Forms	
PHS-1867	Statement of Service-Verification of Status of Commissioned Officers of the U.S. Public Health Service - This form will be issued to you as proof of your service on active duty as a PHS commissioned officer. It is needed to apply for VA benefits, and as proof of your having satisfied any Selective Service obligation	PHS-1637-1	Dependency Certificate - Spouse and/or Child - Submit this form to establish your eligibility for quarters allowance at the "with dependents" rate.
		PHS-1637-2	Dependency Certificate - Mother and/or Father - Submit this form to establish your eligibility for quarters allowance at the "with dependents" rate when the dependents are your parents.
PHS-2988	Voucher for Reimbursement for Travel (Dependents of PHS Commissioned Officers) - You submit this form for payment for travel performed by your dependents in conjunction with an authorized permanent change of station	PHS-1637-3	Parent's Dependency Affidavit - This form should be completed by your parent(s) when you are claiming them as dependents for purposes of establishing your entitlement to quarters allowance.
PHS-4013-1	Application for Shipment of Household Goods - You complete this form and submit it to the nearest shipping officer to begin arrangements for shipping your household goods upon a permanent change of station	PHS-2874	Notice of Arrival - You must submit this form immediately upon your arrival at a new duty station to verify the rate of Variable Housing Allowance (VHA) you should be paid. If you do not submit the form within 90 days of your arrival, your VHA will be stopped until the form is submitted.
PHS-4392	Billet Description - This form is completed by your supervisor or administrative officer describing the duties of your position. You should be given a copy of the final, rated version.	PHS-2977	Quarters Allowance Certificate (without dependents) - Submit this form for quarters allowance when you have no dependents.
PHS-4736	Application and Issue Record - Identification Cards (active duty) - You use this form to request issuance of an identification card for yourself only.	PHS-6155	Statement of Earnings and Deductions - This form will be sent to you each month showing your basic pay, other elements of pay, tax withholding, voluntary allotments and deductions, and any involuntary deductions.
PHS-6162	Veterans Educational Assistance Program - Statement of Understanding and/or Allotment Request - Complete and submit this form to show your understanding of VEAP, and to begin participation in it.	PHS-6173	Application for Allotment of Pay - Use this form when you want a portion of your pay to be sent to a financial institution or insurance company every month.
PHS-6190	Application for Correction of PHS Commissioned Corps Personnel Record - This form starts the process of correcting a material error in information maintained about you in your personnel file when there is no other avenue for redress.	PHS-6180	Request for Advance of Basic Pay - Use this form when you need an advance of your basic pay in connection with a permanent change of station or temporary duty assignment.

HEW-648	Request by Employee for Allotment of Pay For Credit To Savings Account With a Financial Organization - Use this form to have a portion of your net pay deposited directly into a financial institution every month.	SF-1199A	Authorization for Deposit of Federal Recurring Payments - see above.
Department of Defense Forms			
SF-1192	Authorization for Purchase and Request for Change - United States Series EE Savings Bonds - Use this form to request monthly deduction from your pay for direct purchase of U.S. savings bonds	DD-2	Retired Officer Identification Card - This form is issued to all retired officers at the time of retirement.
SF-1199A	Authorization for Deposit of Federal Recurring Payments - Use this form to have your total net pay deposited in a financial institution every month	DD-214	Statement of Service - This is the Department of Defense equivalent of the PHS-1867, and it shows any prior service you may have had with a military service.
W-4	Employee's Withholding Allowance Certificate - Use this form to declare your Federal income tax withholding status.	DD-1172	Application for Uniformed Services Identification and Privilege Card (Dependents) - Your spouse and children apply for identification cards using this form
DD-2058	State of Legal Residence Certificate and W-4 for State Income Tax Withholding - Use the DD-2058 to declare the State that you consider your legal domicile and to which you will pay State income tax. You must submit a W-4 form in addition to the DD-2058 showing the State to which the tax should be paid by writing the name of the State clearly across the top of the form. You also declare your State tax withholding status on this W-4.	DD-1173	Dependents' Identification and Privilege Card - This form is issued to your dependents as their identification card and should be carried by your dependents at all times.
		DD-2058	State of Legal Residence Certificate - You complete this form to establish the State to which you intend paying State income tax. It should always be accompanied by a W-4 or any State equivalent showing your income tax status.
Veterans Administration Forms/Publications			
Standard Forms		VA-20-67-1	Benefits for Veterans and Service Personnel With Service Since January 31, 1955, and Their Dependents
SF-1012	Travel Voucher - Use this form to claim travel expenses and per diem when you are in an authorized travel or temporary duty status.	VA-29-8714	Application for Veterans Groups Life Insurance.
SF-1192	Authorization for Purchase and Request for Change - United States Series EE Savings Bonds - see above.	VA-29-8714-1	Application for Veterans Group Life Insurance (Veterans Separated on or After August 1, 1974).